

#### Report of Reportable Accident Dangerous Occurrence or Environmental Incident

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Accidents, dangerous occurrences, well and environmental reportable incidents can all be reported using this same form.

Where an incident occurs, and the titleholder and operator are not the same organisation and have different reporting requirements under the OPGGS Act and regulations, each organisation must submit a separate report.

This form should be used in conjunction with NOPSEMA Guidance Note N-03300-GN2303-Notification Reporting and Reporting Requirements for Incidents available on the NOPSEMA website.

Part 1 is required within 3 days of a notified incident.

Part 2 is required within 30 days of a notified accident or dangerous occurrence incident.

This form and any attachments are to be submitted by either:

Email: submissions@nopsema.gov.au for documents less than 10 Mb; or

Secure file transfer: <a href="https://securefile.nopsema.gov.au/filedrop/submissions">https://securefile.nopsema.gov.au/filedrop/submissions</a>.

NOPSEMA considers that a full report will contain copies of documentary material referenced and/or relied on in the course of completing this form, which may include (but not be limited to) as appropriate: witness statements, management system documents, drawings, diagrams and photographs, third party reports (audit, inspection, material analysis etc.), internal records and correspondence.

Date and time of the initial verbal incident n	otification to NOPSEMA.	
Date	Time	
Was NOPSEMA notified through the dedicate	ed notification phone line?	
Yes/No	If no, who was contacted at NOPSEMA	
Notification Number provided by NOPSEMA	for this incident.	
Reference		
<u> </u>		
Date and time of this written incident report	t.	
Date	Time	



Is this the initial in	cident report?	
Yes/No		
What type of incid	lent is being reported?	Tick all appropriate incident types
Accident or dange	rous occurrence	Complete parts 1A, 1B, 1E, 1F & 2
Well incident		Complete parts 1A, 1C, 1E, 1F
Environmental inc	ident	Complete parts 1A, 1D, 1E, 1F
What category of	incident is being reported?	Tick all appropriate category types
To use electronically: N	1S Word 2007-10 – click in check box	
Accidents		Death or serious injury ☐  Lost time injury ≥3 days ☐
Dangerous occurrences	Uncontrolled hydrocarbon relea	njury or Lost time injury ≥3 days Fire or explosion    llision marine vessel and facility ase >1 kg or ≥80 L (gas or liquid)   Well kick >8 m³ or 50 barrels age to safety-critical equipment   Pipeline incident   planned event – implement ERP
Wells	A build-up of pressure or a positive flow Flow Fa	w from a well has been diverted illure of well-related equipment image to well-related equipment illure.
Environmental	EPBC list sp Detection of mari Dis Underwater cultural heritage, including First Natio	Hydrocarbon release Chemical release Drilling fluid/mud release Other substance release of waste/materials/equipment pecies death or injury/near miss ne pest/invasive marine species placement of other marine user ns underwater cultural heritage

#### Part 1A - Information Required within 3 Days of a Reportable Incident

<ol> <li>Where did the incident occur? Fill in all inf included if appropriate.</li> </ol>	formation applicable to the incident location. Multiple facilities/wells may be
Did the incident occur on a facility?	
If yes what type of facility?	Facility name
FPSO	
MODU	
Platform – manned	
Platform – not normally manned $\Box$	
Vessel	
Did the incident occur on a pipeline?	If yes pipeline name:
Did the incident involve a well or wells?	If yes well(s) name and title(s):
Incident location (Provide datum used i.e. GDA2020)	Latitude: Longitude:
Name of petroleum activity being undertaken?	
	der or person that controls the works site or activity?
Name	
Position	
Business address	
Business phone no.	
3. When did the incident occur?	
Date	
Time and time zone	
4. Details of person submitting this form.	
Name	
Position	
Email	
Telephone no.	

5. Details of any witnesses. If more v	vitnesses, copy and insert this section.	
Full name		
Phone no. (Business hours)		
Phone no. (Home)		
(Mobile)		
Email (Business) (Private)		
Postal address		
6. Brief description of incident.		
7. Work or activity being undertake	en at time of incident.	
8. What are the internal investigation	ion arrangements?	
9. Was there any loss of containme	ent of any fluid (liquid or gas)?	
Yes or No If Yes, provid <mark>e d</mark> etails below		
ij Tes, provide details below	D	
	Petroleum fluid	
	Hydrocarbon gas	
	Hydrocarbon gas and petroleum fluid	
	Non-hydrocarbon gas	
Type of fluid	Chemical	
Liquid or gas	Drilling fluid/mud	
and an english	Formation/Produced formation water	
	Hydraulic oil	
	Diesel/Fuel oil	
	Waste	
	Other	
Estimated quantity		
Liquid (L), Gas (kg)		
Fating to the state of the stat		
Estimation Type		
Calculation or measurement		

Composition							
Percentage and description							
Known toxicity to people and/or environment		No □ provide Safety Dat tence data (if avail		nd eco	tox, bioaccı	umulation a	nd
What equipment was involved in the release?							
Is the equipment critical to safety?							
How was the leak/spill detected?	Fire	e & gas detection CCTV Visual			Other		
Did ignition occur?		No Yes			mmediate Delayed		
If yes, what was the likely ignition source	•	Hotwork electrical source metallic contact Hot surface		>	Other		
10. Hydrocarbon release details.							
System of hydrocarbon re	elease	Subsea /	Process Drilling Pipeline		W	Utilities ell related Marine	
Estimated inventory in the isol							
Liquid (L), (	ystem Gas (kg)						
System pressure and size of piping or	vessel		Pressure (	MPag)			
	V	-	ing diameter				
			Piping length r Vessel volu				
Estimated equivalent hole diamete	r (mm)	0.	vesser vora	<i>me</i> (2)			
11. Has the release been stopped an	d/or co	ontained?					
Yes	or No						
Duration of the release his	:mm:ss						
Estimated rate of re							
Liquid (L), Gas (kg) p	er nour						

## Part 1B - Complete for accidents or dangerous occurrences

12. Action taken to mak	e the work-site safe.						
Was permission given by a NOPSEMA inspector to interfere with the site? OPGGS(S)R 2.49. Yes $\Box$ No $\Box$							
Action taken							
Details of any disturbance of the work site							
13. Was an emergency r	esponse initiated?	Yes □ No □		•			
Type of response		M Automatic	anual 🔲		Muster Evacuation		
How effective was the en	nergency response?						
14. Was anyone killed o							
	1	njured person (IP)					
If different from Part 1A. Employer name		Employer ac	ldress				
Employer phone no.		Employer en	nail				
IP full name							
IP date of birth		Gender	Male		Female		
			Indeterminat	e/Interse	x/Unspecified		
IP residential address							
IP phone no. (Work)		·	One no. (Home) (Mobile)				
IP occupation/job title		Core emplo	oyee or ntractor				
Circumstances of injury							



Broad on TOOCS	a. Intracranial injury	g. Other injuries	$\boxtimes$
Based on TOOCS	b. Fractures	h. Mental disease	
(refer to References)			
	c. Wounds, lacerations, amputations, internal organ	i. Skin and subcutaneous tissue diseases	
	damage	j. Respiratory system diseases	
Nature of	d. Burn	k. Circulatory system diseases	
injury	e. Injury to nerves and spinal cord	Other diseases	
j ω. γ	f. Traumatic joint/ligament and muscle/tendon	Not provided	
	injury	·	
	G1 - 11 Cranium	G5 - 53 Knee	
	G1 - 12 Eye	G5 - 54 Lower leg	
		G5 - 55 Ankle	
	G1 - 13 Ear		
	G1 - 14 Mouth	G5 - 56 Foot and toes	
	G1 - 15 Nose	G5 - 58 Lower limb - multiple locations	
	G1 - 16 Face - not elsewhere classified	G6 - 61 Neck and trunk	
	G1 - 18 Head - multiple locations	G6 - 62 Head and neck	
	G2 - 21 Neck	G6 - 63 Head and other	
	G3 - 31 Back - upper and lower	G6 - 64 Trunk and limbs	
	G3 - 33 Chest (thorax)	G6 - 65 Upper and lower limbs	
Location (On	G3 - 34/ 35 Abdomen and pelvic region	G6 - 66 Neck and shoulder	
	G3 - 38 Trunk - multiple locations	G6 - 68 Other specified multiple locations	
body)	· ·	· · · · · · · · · · · · · · · · · · ·	
	G3 - 39 Trunk - unspecified locations	G7 - 71 Circulatory system	
	G4 - 41 Shoulder	G7 - 72 Respiratory system	
	G4 - 42 Upper arm	G7 - 74 Genitourinary system	
	G4 - 43 Elbow	G7 - 75 Nervous system	
	G4 - 44 Forearm	G7 - 78 Other and multiple systemic	
	G4 - 45 Wrist	conditions	
	G4 - 46 Hand fingers and thumb	G7 - 79 Unspecified systemic conditions	
	G4- 48 Upper limb - multiple locations	G8 - 80 Psychological system	
	G5 - 51 Hip	G9 - 90 Unspecified locations	
	,	Not provided	
	G5 - 52 Upper leg	Not provided	
	G0 - 01 Falls from a height	G5 - 53 Exposure to environmental heat	
	GO - O2 Falls on the same level	G5 - 54 Exposure to environmental cold	
	G0 - 03 Stepping kneeling or sitting on objects	G5 - 57 Contact with electricity	
	G1 - 11 Hitting stationary objects	G5 - 59 Exposure to other and unspecified	
	G1 - 12 Hitting moving object	environmental factors	-
	G2 - 21 Being hit by falling objects	G6 - 61 Single contact with chemical or	
	G2 - 25 Being trapped by moving machinery or	substance	
	equipment	G6 - 62 Long term contact with chemicals or	
	G2 - 26 Being trapped between stationary and	substances	
	moving objects	G6 - 69 Other and unspecified contact with	
	G2 - 27 Exposure to mechanical vibration	chemical or substance	
Machaniana of			
Mechanism of	G2 - 28 Being hit by moving objects	G8 - 81 Exposure to a traumatic event	
injury	G3 - 31 Exposure to single, sudden sound	G8 - 82 Exposure to workplace or	
	G3 - 32 Long-term exposure to sound	occupational violence	l _
	G3 - 38 Explosion	G8 - 84 Work pressure	
	G4 - 41 Muscular stress while lifting, carrying or	G8 - 85 Suicide or attempted suicide	
	putting down objects	G8 - 86 Other mental stress factors	
	G4 - 42 Muscular stress while handling objects other	G8 - 87 Work related harassment and/or	
	than lifting, carrying or putting down	workplace bullying	
	G4 - 43 Muscular stress with no objects being	G8 - 88 Other harassment	
	handled	G9 - 98 Other and multiple mechanisms of	
		•	
	G4 - 44 Repetitive movement, low muscle loading	incident	
	G5 - 51 Contact with hot objects	G9 - 99 Unspecified mechanisms of incident	
	G5 - 52 Contact with cold objects	Not provided'	
	1. Machinery and (mainly) fixed plant	6. Chemicals and chemical products	
	2. Mobile plant or transport	7. Material and substances	
Agency of	3. Powered equipment, tools and appliances	8. Environmental agencies	
- '	4. Non-power hand tools, appliances and equipment	9. Animal, human and biological agencies	
injury	5. Chemicals and chemical products	10. Other and unspecified agencies	
	· ·	Not provided	
1			



Details of job being undertaken				
Day and hour of shift	Day e.g. 5 <sup>th</sup> day of 7 (5 / 7)	Hour e.g. 3 <sup>rd</sup> hour of 12 (3 / 12)		
NB: Copy/paste this section for each addit		, , , ,		
<b>15. Was anyone incapacitated fro</b> Yes □ No □	om performing work for three	e or more days (>3 day Loss Time Injury)		
Has the worker returned back to full duties?	Yes □ No □			
If not yet returned to work when i the worker expected to return to full time duties?	S		•	
Total number of workdays lost at time of this report being submitted?				
At the time of this report being submitted is the injury still classified as a LTI >3Days, and if no what is the new injury classification?	ot,			
Has the injury and workdays lost been included in the Monthly Operational Activities Report?	Yes 🗆 No 🗆	<del>3</del> 0'		
16. Was there any serious damag	e? Provide details below. Yes	No □		
	Item 1			
Equipment damaged				
Extent of damage				
Will the equipment be shut down	Yes □ No □			
If yes, for how long?				
NB: Copy/paste this section for each addit	ional item and insert here			
17. Will the facility be shut down	? Provide details below. Yes 🗆	No □		
	Date	dd/mm/yyyy		
Facility shutdown	Time	24-hour clock		
	Duration	days / hours / minutes		
18. What were the immediate causes of the incident?				

## Part 1C – Complete for Well Incidents

19. What is the WOMP relating to	o the well?
WOMP Name Document number Version	
20. Well Phase or Activity	
Drilling Completions Interventions Production Other (please describe)	
21.	
22. Brief description of current w pressures etc)	rell status and condition (e.g. Shut-in, Producing, Barrier status etc, Stabilised
	nd circumstances concerning the reportable incident that the titleholder ble search or enquiry, to find out.

#### 24. What were the causes of the incident?

Australia's offshore energy regulator

This section should include a detailed analysis of the failure mode, including demonstration that an appropriate internal investigation has been completed in line with the titleholder's management systems, and provide evidence of the internal assurance of the outcomes of the investigation.

This section should also cover the risk of the same incident occurring in other wells operated by the titleholder (e.g. rule out a systemic issue)

If this information is not available within the 3 days requirement contact NOPSEMA.



## Part 1D – Complete for environmental incidents

25. What is the accepted en	vironment	plan for thi	is incident?		
Environment plan name Document number Version					
26. Has the incident resulted	d in an imp	act to the e	nvironment? Prov	vide details below. Yes 🗆	No □
Incident details e.g. estimated area of impact, nature/significance of impact					
Environmental Receptors	Open oce Shoreline Populatio Stakehole Other ser e.g. conser	e on centre ders	□ □ □ □ esting beach	Macroalgae Coral Reef Benthic invertebrates Seagrass Mangrove	
		Enviro	onment Receptor		
Environmental receptor			, (		
Location of environment rece	eptor				
Latitude (Provide datum used i.e. GI	DA2020)				
Longitude (Provide datum used i.e.	GDA2020)				
Date and time of impact					
Action taken to minimise exp	osure				
Specify each matter protecte Part 3 of the EPBC Act impac					
NB: Copy/paste this section for each	h additional e	nvir <mark>on</mark> mental i	receptor and insert he	ere	
27. Are any environments a Yes □ No □	t risk of im	pact, includ	ling as a result of	spill response measures? Pro	ovide details below.
Details					
e.g. zone of potential impact	Open oce			Macroalgae	
	Shoreline			Coral Reef	
Environmental Receptors	Population			Benthic invertebrates	
	Stakehol			Seagrass	
•	Other ser	nsιτινιτ <b>γ</b> vation area, ne	usting heach	Mangrove	
	e.g. conser		onment Receptor		
Estimated location of 'at-risk'	,				
environments					
Estimated impact date & tim	e				
Action required to minimise	exposure				



Specify each matter protecte	ed under				
Part 3 of the EPBC Act at risk					
NB: Copy/paste this section for each	h additional e	nvironmental receptor ar	nd insert here		
28. Was an oil pollution em	ergency pla	an activated? Provide	details below.	Yes □ N	o 🗆
If yes, what action has been					
implemented /planned?					
If yes, how effective is/was tl	he spill				
response?					
29. Was an environmental r	monitoring	program initiated?	Provide details below.	Y	es 🗆 No 🗆
If yes, what actions have bee	en				
implemented and/or planned	d?				
30. Did the incident result in	n the death	or injury of any fau	na? Provide details bel	ow.	Yes □ No □
Injured fauna	Species 1		Species 2		Species 3
injurcu idana	Species 1		Species 2		Species 3
Species name					
(common or scientific					
name)					
Number of individuals	Killed:		Killed:		Killed:
killed or injured	Injured:		Injured:		Injured:
NB: Copy/paste this section for each	h additional s	pecies and insert here			



## Part 1E – Complete for actions

31. Actions taken to avoid or mitigate any adverse environmental in	mpacts of the incident	t.
Action	Responsible party	Completion date  Actual or intended
		B
NB: Copy/paste this section for each additional actions and insert here		
32. Corrective actions taken, or proposed, to stop, control or remed	dy the incident.	
Action	Responsible party	Completion date  Actual or intended
		retudi of mended
	<b>5</b>	
NB: Copy/paste this section for each additional actions and insert here		
33. Actions taken, or proposed, to prevent a similar incident occurr	ing in the future.	
Action	Responsible party	Completion date  Actual or intended
NB: Copy/paste this section for each additional actions and insert here		



## Part 1F – Complete for attachments

, ,	a attaching a	ny documents? Provide	details below.	Yes □ No □
No.	ID	Revision	Date	Title/description
3: Copy/pas	ste this section fo	or each document and inser	t here	

# Part 2 – Information required within 30 days of accident or dangerous occurrence

NOPSEMA acknowledges that in many circumstances an operator may not have completed an investigation within 3 days of an accident or first detection of a dangerous occurrence and agrees that these items must be provided within 30 days unless otherwise agreed, in writing with NOPSEMA.

In circumstances where an investigation has been completed within 3 days, and these items are available (supplemented, as required by any attachments) this part should also be completed at that time.

35. Has the investigation been completed? Provide details below. Yes □ No □							
Root cause 1							
Root cause 2							
Root cause 3	ot cause 3						
Other root causes	other root causes						
26 Full report							
36. Full report.							
Describe investigation in detail, including who conducted the investigation and in accordance with what standard/procedure with reference to							
attachments listed in the 'attachments table' as applicable							
attachments instead in the attachments table as approache							
37. Actions to prevent recurrence of same or similar incident.							
			Completion				
Antique		Posnonsible norty					
Action		Responsible party	date				
			Actual or intended				
NB: Copy/paste this section for each additional actions and insert here							
38. Are you attaching any documents? Yes □ No □							
If yes, add to Section 1F Complete for Attachments.							
ij yes, ada to section ir Complete for Attachments.							



#### References

TOOCS - Type of Occurrence Classification System.

The *Type of Occurrence Classification System, Version 3.0* (TOOCS3.1) was developed to improve the quality and consistency of data. This system aligns with the International Classification of Diseases – Australian Modification (ICD10-AM). Type of occurrence classification system (TOOCS) 3rd Edition May 2008 | Safe Work Australia

#### **Privacy Notice**

NOPSEMA collects your personal information for the purpose of investigating accidents, dangerous occurrences and environmental incidents under the *Offshore Petroleum and Greenhouse Gas Storage Act* 2006.

NOPSEMA will not use or disclose your personal information for any other purpose without your consent, unless it is required or authorised by law, or relates to NOPSEMA's enforcement activities. Your personal information may be disclosed to the following organisations, entities or individuals:

- individuals who make a request under the Freedom of Information Act 1982
- the Australian National Audit Office and other privately appointed auditors
- other law enforcement bodies (for example, the police or the coroner)
- NOPSEMA's legal advisors.

NOPSEMA may occasionally be required to disclose information to overseas recipients in order to discharge its functions or exercise its powers, or to perform its necessary business activities.

Information about how you can access, or seek correction to, your personal information is contained in NOPSEMA's APP Privacy Policy at <a href="https://www.nopsema.gov.au/privacy">www.nopsema.gov.au/privacy</a>. If you have an enquiry or a complaint about your privacy, please contact NOPSEMA's Privacy Contact Officer on (08) 6188 8700 or by email at: <a href="mailto:privacy@nopsema.govtocs.au">privacy@nopsema.govtocs.au</a>.

