

Offshore Infrastructure Regulator approved manner and forms 2025 No. 2

Date: 25/02/2025

I, *OWEN WILSON*, Executive Director of Offshore Renewables Regulation, as a delegate of the Chief Executive Officer of the National Offshore Petroleum Safety and Environmental Management Authority, in accordance with section 307 of the *Offshore Electricity Infrastructure Act 2021*, and sections 161(3) and 162(2) of the *Offshore Electricity Infrastructure Regulations 2022*,

REVOKE the previous approval of manner and form: *Offshore Infrastructure Regulator approved manner and forms 2025 No.1 (A1169302)*

AND,

APPROVE the manner and forms for notifying and reporting to the Offshore Infrastructure Regulator on certain events as detailed in Schedules 1 and 2

This approval has effect from 25 February 2025.

Yours sincerely

Owen Wilson

Executive Director, Offshore Renewables Regulation

wA935620

25 February 2025

Schedule 1

Manner and forms of notifying and reporting to the Offshore Infrastructure Regulator on certain events

Notifications

A licence holder must notify the Offshore Infrastructure Regulator of certain events as specified in section 161 of the Offshore Electricity Infrastructure Regulations 2022. This notification is to be made in the following ways:

- By telephone to the Regulator's 24-hour incident reporting hotline on 1300 674 472, or
- If calling from overseas, by telephone: +61 8 6188 8990

Reports

A licence holder must give reports to the Offshore Infrastructure Regulator required by section 162 of the Offshore Electricity Infrastructure Regulations 2022 in the following way:

- By downloading the approved form published at <https://www.oir.gov.au/application-portal>, and emailing the completed form to offshorerenewables@oir.gov.au.
- The approved form is at Schedule 2.

Schedule 2

Report of a notifiable incident

This is a statutorily approved form and may not be amended

An asterisk indicates a mandatory field.

For instructions and general guidance in the use of this form, please see the last page.

Please complete Part 1 for all incident notifications.

Please complete only the relevant sections of Part 2.

Details of person conducting the business or undertaking (PCBU)			
Organisation: *			
Email: *		Contact number: *	
Business address:			
City:		State:	Choose an item.
Postcode:			
Details of individual submitting this report:	Full Name: *		
	Position:		
	Organisation:	<input type="checkbox"/> Same as above <input type="checkbox"/> Other, please specify:	
	Email: *		
	Contact number: *		
Details of the licence holder			
Same as above <input type="checkbox"/>			
Registered licence holder:			
OEI Licence number: *			
Date and time of the initial incident notification to the Offshore Infrastructure Regulator (OIR)			
Date *: Click or tap to enter a date.	Time *:		
Part 1 – Information required within 48 hours of an incident – General Information – All incidents			
Where did the incident occur? Infrastructure or vessel, name and description, <i>Latitude/longitude</i> : *			
When did the incident occur? Date, time, and time zone: *			
Brief description of the incident: *			

Work or activity being undertaken at time of incident: *			
Did anyone witness the incident: *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Witness details	Witness no.1	Witness no.2	Witness no.3
Full name:			
Contact number:			
Email:			
Postal address:			
<i>Note: If more witnesses, please attach additional pages.</i>			
What are the internal investigation arrangements: *			
Weather conditions at time of incident: <i>Please complete if relevant</i>	Ambient temperature degrees celsius °C		
	Relative humidity %		
	Wind speed m/s NB: for enclosed areas use Air change per hour		
	Wind direction e.g. from SW		
	Significant wave height m		
	Swell m		
	Current speed m/s		
	Current direction e.g. from SW		
What type of incident is being reported? Please tick appropriate incident type (all that apply)			
WHS – serious injury or illness or dangerous incident		<input type="checkbox"/> Complete part 2A	
Incident causing activation of the emergency response plan		<input type="checkbox"/> Complete part 2B	
Environmental Incidents		<input type="checkbox"/> Complete part 2C	
Collision between a marine vessel and any licenced infrastructure		<input type="checkbox"/> Complete part 2D	
Significant impairment of licenced infrastructure operation or structural integrity		<input type="checkbox"/> Complete part 2E	
Part 2A - Complete for serious Injury or illness, or dangerous incident			
Was the Offshore Infrastructure Regulator (OIR) notified through the dedicated notification phone line? Phone No. 1300 674 472		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of incident		<input type="checkbox"/> The death of a person <input type="checkbox"/> A serious injury or illness of a person <input type="checkbox"/> A dangerous incident	
Serious injury or illness type (if applicable)		<input type="checkbox"/> Treatment as inpatient in a hospital <input type="checkbox"/> Amputation of any part of body <input type="checkbox"/> Serious head injury	

	<input type="checkbox"/> Serious eye injury <input type="checkbox"/> Serious burn <input type="checkbox"/> Separation of skin from underlying tissue (such as degloving or scalping) <input type="checkbox"/> Spinal injury <input type="checkbox"/> Loss of a bodily function <input type="checkbox"/> Serious lacerations <input type="checkbox"/> Medical treatment within 48 hours of exposure to a substance <input type="checkbox"/> Other						
Did the injury or illness require the person to have 'immediate' treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details:</i>						
Dangerous incident type (if applicable)	<input type="checkbox"/> An uncontrolled escape, spillage or leakage of a substance <input type="checkbox"/> An uncontrolled implosion, explosion or fire <input type="checkbox"/> An uncontrolled escape of gas or steam <input type="checkbox"/> An uncontrolled escape of a pressurised substance <input type="checkbox"/> Electric shock <input type="checkbox"/> The fall or release from a height of any plant, substance or thing <input type="checkbox"/> The collapse, overturning, failure or malfunction of, or damage to, any plant <input type="checkbox"/> The collapse or partial collapse of a structure <input type="checkbox"/> An event that incapacitates a worker or person for at least three (3) days <input type="checkbox"/> An event that a reasonable person would consider needs immediate investigation for its effects on work health and safety <input type="checkbox"/> Other Any of the following events relating to diving work: <input type="checkbox"/> A decompression illness <input type="checkbox"/> A pulmonary barotrauma <input type="checkbox"/> A case of omitted decompression <input type="checkbox"/> An event for which a standby diver is deployed for an emergency, except for the purposes of training, exercises, or drills <input type="checkbox"/> A failure of life support equipment or man riding equipment						
Was there a serious risk to a person's health and safety that was 'immediate or imminent'?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Action taken to make the work-site safe:	<table border="1" style="width: 100%;"> <tr> <td data-bbox="676 1583 1032 1630">Action taken:</td> <td data-bbox="1032 1583 1498 1630"></td> </tr> <tr> <td data-bbox="676 1630 1032 1711">Details of any disturbance of the work site:</td> <td data-bbox="1032 1630 1498 1711"></td> </tr> <tr> <td colspan="2" data-bbox="676 1711 1498 1890"> Was the site disturbed prior to the OIR inspector giving permission? Section 39 of the <i>Work Health and Safety Act 2011</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why: </td> </tr> </table>	Action taken:		Details of any disturbance of the work site:		Was the site disturbed prior to the OIR inspector giving permission? Section 39 of the <i>Work Health and Safety Act 2011</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why:	
Action taken:							
Details of any disturbance of the work site:							
Was the site disturbed prior to the OIR inspector giving permission? Section 39 of the <i>Work Health and Safety Act 2011</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain why:							
What, if any, plant, equipment, substances or things were involved in the incident?							
Injured persons (IP) (If applicable):							
Employer name:	Employer address:						

Employer contact number:	Employer email:
IP Full name:	
IP Residential address:	
IP Contact number:	
IP Occupation/ Job Title:	

Part 2B – Complete for activation of the emergency response plan

Was an emergency response plan initiated (ERP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Type of response	<input type="checkbox"/> Manual <input type="checkbox"/> Automatic Alarm <input type="checkbox"/> Muster <input type="checkbox"/> Evacuation <input type="checkbox"/> Other
	How effective was the emergency response?	

Reasons for the ERP activation:

Part 2C– Complete for environmental incidents

Has the incident resulted in an actual, or potential, contravention of the environmental obligations listed in the OEI management plan?	<input type="checkbox"/> Actual <input type="checkbox"/> Potential <input type="checkbox"/> Unclear or unsure Please explain why:		
	Specify each obligation/condition which may have been contravened:		
Incident details: e.g. Incident type, estimated area of impact, nature/significance of impact.			
Did the incident result in the death or injury of any fauna?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If yes provide details of species in the table below)		
Injured fauna	Species 1	Species 2	Species 3
Species name (common or scientific name)			
Number of fauna killed or injured	Killed: Injured:	Killed: Injured:	Killed: Injured:
<i>Note: If more species were injured or killed, please attach additional pages.</i>			
Actions taken or to be taken to avoid, stop or mitigate any adverse environmental impacts from the incident:	Action	Responsible party	Completion date - actual or intended

Note: If more actions, please attach additional pages

Actions taken or to be taken, to prevent a similar incident occurring in the future:	Action	Responsible party	Completion date - actual or intended

Note: If more actions, please attach additional pages.

Part 2D– Collision between a marine vessel and any licence infrastructure

Vessels name(s)	IMO Number / ID	Owner	Area of damage
Infrastructure ID	Type	Description	
Describe the consequences of the collision and actions taken?			
What were the immediate causes of the collision? (if known):			
Has the Australian Maritime Safety Authority (AMSA) been notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part 2E – Structural integrity

Was there any significant impairment of the structural integrity of licenced infrastructure? Provide details below.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Was there any significant impairment of licenced infrastructure operations? Provide details below:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Details	Item 1	Item 2	Item 3
Equipment damaged			

Extent of damage			
Will the equipment be shut down?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, for how long?			
<i>Note: If more seriously damaged equipment, or infrastructure shutdown please attach additional pages</i>			
Will all or part of the operations be shut down?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide details:		
Shutdown details:	Infrastructure ID:		
	Date:	Click or tap to enter a date.	
	Duration:	days/hours/minutes	
Immediate action taken/intended, if any, to prevent recurrence of incident:	Action	Responsible party	Completion date - actual or intended
What were the immediate causes of the incident? (if known):			
Attachments			
Are you attaching any documents?*		<input type="checkbox"/> Yes, please specify below <input type="checkbox"/> No	
No.	ID	Revision	Title/description
<i>Insert or delete rows as required</i>			

Instructions and general guidance for use:

This approved form may be used to comply with the requirements of the *Offshore Energy Infrastructure (OEI) Act* and regulations concerning notifiable incidents including serious injuries, illness, dangerous accidents, environmental incidents, the collision between a vessel and infrastructure, any significant impairment structural integrity or operations of licenced infrastructure, and/or activation of an emergency response plan.

This form must be used in conjunction with OIR Guidelines for incident notification available on the OIR website - [Regulatory guidance | OIR](#)

Part 1 of the form must be completed for all incidents. For each specified type of notifiable incident, and if there was an ERP activation, please complete the subsequent parts of the form as applicable.

Attach any relevant documentation that was referenced or relied upon while completing the form. Examples of supporting documents may include, but are not limited to witness statements, management system documents, drawings, diagrams and photographs, third party reports (audit, inspection, material analysis etc.), internal records and correspondence.

This form is intended to be completed by using **Microsoft Word**. The unshaded cells will expand as required to accommodate the required information. Mark the relevant checkboxes when appropriate.

Once completed, email the form (and any attachments) to offshorerenewables@oir.gov.au within 48 hours of the reportable incident.