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.

Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | Same as above  Other, please specify: | | | | | | |
| Email: \* | |  | | | | | | |
| Contact number: \* | |  | | | | | | |
| **Details of the licence holder** | | | | | | | | | | | | |
| Same as above | | | | | | | | | | | | |
| 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, *Latitude/longitude: \** | | | | | | |  | | | | | |
| 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: \* | | | | | | | Yes  No | | | | | |
| Witness details | Witness no.1 | | | | | | Witness no.2 | | | | Witness no.3 | |
| Full name: |  | | | | | |  | | | |  | |
| Contact number: |  | | | | | |  | | | |  | |
| Email: |  | | | | | |  | | | |  | |
| Postal address: |  | | | | | |  | | | |  | |
| *Note: If more witnesses, please attach additional pages.* | | | | | | | | | | | | |
| What are the internal investigation arrangements: \* | | | |  | | | | | | | | |
| Weather conditions at time of incident:  *Please complete if relevant* | | | | 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 | | | | | | | | | | Complete part 2A | | |
| Incident causing activation of the emergency response plan | | | | | | | | | | Complete part 2B | | |
| Environmental incidents | | | | | | | | | | Complete part 2C | | |
| Collision between a marine vessel and any licenced infrastructure | | | | | | | | | | Complete part 2D | | |
| Significant impairment of licenced infrastructure operation or structural integrity | | | | | | | | | | 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 | | | | | Yes  No | | | | | | | |
| Type of incident | | | | | The death of a person  A serious injury or illness of a person  A dangerous incident | | | | | | | |
| Serious injury or illness type (if applicable) | | | | | Treatment as inpatient in a hospital  Amputation of any part of body  Serious head injury  Serious eye injury  Serious burn  Separation of skin from underlying tissue (such as degloving or scalping)  Spinal injury  Loss of a bodily function  Serious lacerations  Medical treatment within 48 hours of exposure to a substance  Other | | | | | | | |
| Did the injury or illness require the person to have ‘immediate’ treatment? | | | | | Yes  No  *If yes, please provide details:* | | | | | | | |
| Dangerous incident type (if applicable) | | | | | An uncontrolled escape, spillage or leakage of a substance  An uncontrolled implosion, explosion or fire  An uncontrolled escape of gas or steam  An uncontrolled escape of a pressurised substance  Electric shock  The fall or release from a height of any plant, substance or thing  The collapse, overturning, failure or malfunction of, or damage to, any plant  The collapse or partial collapse of a structure  An event that incapacitates a worker or person for at least three (3) days  An event that a reasonable person would consider needs immediate investigation for its effects on work health and safety  Other  Any of the following events relating to diving work:  A decompression illness  A pulmonary barotrauma  A case of omitted decompression  An event for which a standby diver is deployed for an emergency, except for the purposes of training, exercises, or drills  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’? | | | | | Yes  No | | | | | | | |
| Action taken to make the worksite safe: | | | | | Action taken: | | | | |  | | |
| Details of any disturbance of the worksite: | | | | |  | | |
| Was the site disturbed prior to the OIR inspector giving permission? Section 39 of the *Work Health and Safety Act 2011*  Yes  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)? | | | | | Yes | | | | | No | | |
| Type of response | | | | | Manual  Automatic Alarm  Muster  Evacuation  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? | | | | | | | Actual  Potential  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? | | | | | | | Yes  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: |
| *Note: If more species were injured or killed, please attach additional pages.* | | | | | | | | | | | | |
| 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? | | | Yes  No | | | | | | | | | |
| **Part 2E – Structural integrity** | | | | | | | | | | | | |
| Was there any significant impairment of the structural integrity of licenced infrastructure? Provide details below. | | | | | | | Yes  No | | | | | |
| Was there any significant impairment of licenced infrastructure operations? Provide details below: | | | | | | | Yes  No | | | | | |
| Details | | Item 1 | | | | | Item 2 | | | | Item 3 | |
| Equipment damaged | |  | | | | |  | | | |  | |
| Extent of damage | |  | | | | |  | | | |  | |
| Will the equipment be shut down? | | Yes  No | | | | | Yes  No | | | | Yes  No | |
| If yes, for how long? | |  | | | | |  | | | |  | |
| *Note: If more seriously damaged equipment, or infrastructure shutdown please attach additional pages* | | | | | | | | | | | | |
| Will all or part of the operations be shut down? | | Yes  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?\* | | | ☐ Yes, please specify below  No | |
| **No.** | **ID** | **Revision** | **Date** | **Title/description** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Insert or delete rows as required | | | | |

Instructions and general guidance for use:

This approved form may be used to comply with the requirements of the *Offshore Electricity 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](https://www.oir.gov.au/how-we-regulate/regulatory-guidance)

**Part 1** of the formmust 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](mailto:offshorerenewables@oir.gov.au) within 48 hours of the reportable incident.