

INCIDENT & INJURY REPORT FORM

REPORT NUMBER

Project No:
27098

Incident No:
200818

SECTION A		Report Details:		DESCRIPTION	
Project Name:		Search for HMAS Sydney		<p>(Include the event or sequence of events, name of equipment/environment, etc. Attach sketches other documents as needed.)</p> <p>Installing HMI lights to Comanche ROV as per instructions in manual and confirmed by client. Deck testing and initial wet testing proved lights were operational. After approximately 10 minutes of operational time in water a ground fault appeared on the ROV and the power automatically shut off. During system reboot each component was switched on individually to fault find the ground fault. This proved to be HMI light #2. The ROV was then recovered back to deck for further fault finding on the lights. During this process the ballast bottle was opened to check wiring and components. It was then found that the HMI light #2 wiring was incorrect and differed from the pin out in the manual in that a live pin was connected to earth (as per attached photo pin 3 should not have been connected to the end bell). This explained the earth fault and was the subsequent cause of damage to both HMI lights. This fault also put a live 300V signal on all earth lines of the ROV, which may have caused other equipment failure. It would have also put a live 300V on ROV components such as POD and transformer chasis' thus putting personnel at risk of major injury.</p>	
Vessel / Site:		SV Geosounder			
Country:		Australia			
When Did Incident Occur ?					
Date:	22-Mar-08	Time:	15:00		
Date Reported		Date:	27-Mar-08		
Activity being performed :					
select from cell drop down - or specify other)					
ROV Operation (Deck or Subsea)					
Reported By:					
Name:	S. Hall				
Dept:	ROV				
Company:	DOF Subsea				
Reported To (Supervisor / Manager):					
Name:	G Gordon				
Dept:	ROV				
Company:	DOF Subsea				
<p>Attachments: Photo's <input checked="" type="checkbox"/> Drawings <input type="checkbox"/> Witness Statement <input type="checkbox"/> Procedures / JHAs <input type="checkbox"/> Maintenance & Other Records <input type="checkbox"/></p>					
INCIDENT CLASSIFICATION (Select Tick box)					
<input type="checkbox"/> Serious Potential		<input type="checkbox"/> Environmental		<input type="checkbox"/> Production / Operational Loss	
<input checked="" type="checkbox"/> Near Miss		<input type="checkbox"/> Non-Conformance		<input type="checkbox"/> Asset / Equipment Damage	
<input type="checkbox"/> Hazard		<input type="checkbox"/> Security		<input type="checkbox"/> Community Impact	
				<input type="checkbox"/> Injury	
				<input type="checkbox"/> Illness	
				<input type="checkbox"/> Not Specified	
Immediate Action taken (to prevent further incident / injury - Include initial medical treatment details for injured persons)					
HMI lights and ballast were removed from system.					
SECTION B		INJURY			
		(Medic, First Aider or Supervisor to complete. Include treatment details of treating Doctor. Use drop down lists for Occupation, body part & nature of injury/illness)			
Injured Party		Injured Party's Occupation (Only use items from pick list)		Injured Party's Employer DOF Subsea <input type="checkbox"/> Contractor <input type="checkbox"/>	
Family Name:				Hours into Shift:	
First Name:				Days into Swing:	
Injury Class: <input type="checkbox"/> WORK INJURY <input type="checkbox"/> OCC ILL <input type="checkbox"/> NON-WORK INJURY		Body Part affected:			
Severity: <input type="checkbox"/> FAC <input type="checkbox"/> MTC <input type="checkbox"/> RWC <input type="checkbox"/> LWC <input type="checkbox"/>		Nature of Injury / Illness:			
MEDICAL PROVIDER :		Facility Name & Contact:		Treating First Aid / Medic / Doctor (site or other)	

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SECTION C

INVESTIGATION

(Supervisor / Site Manager to check Sections A & B are complete. Complete Part C, send within 24 hours to Protect / Operations Manager & HSE Department)

EVENT / MECHANISM



Electricity - Contact or exposure to

(if not in drop down list, please specify actual event causing incident/
injury)

IMMEDIATE CAUSES (Select Category tick box and then select from drop down list and provide detail of immediate cause)

<input type="checkbox"/> PROCEDURES/PROCESSES		<input type="checkbox"/> USE OF TOOLS & EQUIPMENT	
<input type="checkbox"/> PROTECTIVE MEASURES		<input type="checkbox"/> KNOWLEDGE/TRAINING/EXPERIENCE	
<input checked="" type="checkbox"/> TOOLS & EQUIPMENT Defective tools / equipment or materials	Internal wiring of lights were incorrect and not in accordance to specifications / manual	<input type="checkbox"/> EXPOSURES	
<input type="checkbox"/> WORK ENVIRONMENT/DESIGN		<input type="checkbox"/> ENVIRONMENT	

ROOT CAUSES (Refer to Cause Analysis chart to select appropriate Category box)

PHYSICAL CONDITION	<input type="checkbox"/>	PSYCHOLOGICAL CONDITION	<input type="checkbox"/>	LACK OF KNOWLEDGE	<input type="checkbox"/>	LACK OF SKILL	<input type="checkbox"/>
MOTIVATION	<input type="checkbox"/>	LEADERSHIP & SUPERVISION	<input type="checkbox"/>	ENGINEERING / DESIGN	<input type="checkbox"/>	PURCHASING / PROCUREMENT	<input checked="" type="checkbox"/>
MAINTENANCE	<input checked="" type="checkbox"/>	TOOLS & EQUIPMENT	<input type="checkbox"/>	WORK STANDARDS	<input type="checkbox"/>	ABUSE / MISUSE	<input type="checkbox"/>

Description of Root Cause Findings

Lights provided by third party however no written verification / certificate provided to demonstrate that equipment was in operational readiness.

RISK & EVENT POTENTIAL

Using the DOF Subsea Risk & Event Potential Matrix, identify through assessment the potential of the incident (may be more than one)

INJURY / ILL HEALTH	ENVIRONMENTAL IMPACT	ASSETS / OPERATIONS	FINANCIAL	SOCIO - POLITICAL
HIGH		HIGH		
SERIOUS POTENTIAL INCIDENT ?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

(Where any of the above are assessed as "HIGH" or "SEVERE" the incident is deemed as a Serious Potential)

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INCIDENT REPORT SITE APPROVAL

Supervisor S Hall Department: ROV Signature: _____ Date: 27-Mar-08

HSE Department _____ Position _____ Signature: _____ Date: _____

SITE Manager G Gordon Position ROV Manager Signature: pp Date: 27/03/08

Client Representative Comments: Name _____ Position _____ Signature _____ Date _____

SECTION D

CORRECTIVE ACTIONS

All actions must be Actionable (i.e. specific and clear what to do), Achievable (i.e. it will be obvious when it is done) & Appropriate (i.e. directly address immediate and root causes). All actions must have an actionee & target date. When actions are completed, these must be signed by the actionee and verified by Management

No	Corrective Action Item	Actionee	Target Date	Date Completed	Actionee Initial	Mgmt Initial
1	Prior to installation of HMI lights onto ROV, verification / certification documentation to be provided which stipulates that wiring and repairs to HMI lights have been undertaken and that HMI lights are in operational readiness.	Client	N/a			
2	Third party provided equipment used on ROV's to come c/w verification documentation inclusive of test certificates, operational readiness...	G Gordon	30/03/2008	30/03/2008	GG	N/A
3	Projects Delivery / Operations / Procurment Departments to review the process by which equipment provided by third parties (Client / Subcontractor) is handed over with all appropriate and required documentation	G Hogg	14/04/2008	14/04/2008	GH	N/A
4						
5						
6						

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SECTION E

MANAGEMENT REVIEW & APPROVAL

Manager comments: (Completed by Project Manager or Department Manager)

Please Check Potential Categories in Part C and confirm agreement:

If the Project / Department Manager has additional actions these must be entered in Part "D"

Is An Expanded Summary or Detailed Cause Analysis Investigation & Report Required?

Agreed ☒ Changed? ☐
No further Actions ☒ Additional Actions ☐
Yes ☐ Team Leader: No ☒

Department

Manager Name:

Approval Sign:

Date:

SECTION F

INCIDENT REPORT & INVESTIGATION CLOSE OUT

HSE Department

Immediate & Root Causes are identified

Actions are Actionable, Achievable & directly Address all causes

Report entered into Incident database

Reportable to Regulator?

Yes ☐ No ☒
Yes ☐ No ☒
Yes ☐ No ☒
Yes ☐ No ☒

HSE Department Comments

The incident is determined as a Serious Potential Incident in accordance to company procedures. It is recommended that the provision of third party equipment (hired or provided by client) be provided c/w all appropriate documentation.

Name: Khann Sinclair

Title: HSE Manager

Date: 28-Mar-08

Upon Close out, copy of Incident report to be forward to site for site close out