

## INCIDENT & INJURY REPORT FORM

REPORT NUMBER

Project No: 27098  
Incident No: 200816

### SECTION A Report Details:

Project Name: 27098 Search for Sydney

Vessel / Site: Geosounder

Country: WA

When Did Incident Occur ?

Date: 15/3/08

Time: 10:30:00 AM

Date Reported

Date: 15/3/08

Activity being performed :

*Select from cell drop down - or specify other*

Vessel to vessel transfer

Reported By:

Name: Capt Blair Cliffe

Dept: Vessel Master

Company: TMS

Reported To (Supervisor / Manager):

Name: Bill Russell-Cargill

Dept: Survey

Company: Dof Subsea

Immediate Action taken (to prevent further incident / injury - Include initial medical treatment details for injured persons)

Recommend that transfers such as this should not take place other than in sheltered waters unless the skipper is experienced in conducting similar transfers and weather is suitable.

### DESCRIPTION

(Include the event or sequence of events, name of equipment/environment, etc. Attach sketches other documents as needed.)

Water filters, mail and fresh produce were transferred to the Geosounder by the 20m Cray Fishing boat SV Club Marine. The skip despite my continued prompting insisted on making approaches to us at 90 degrees rather than parallel to our course, and did not le from his mistakes. He also claimed to be having control problems ie it would not go astern. Subsequently his bow hit the side of Geosounder a number of times quite hard. Took a bit of our paint off and no damage to him. However on one of his early approaches lost control of his engine, drifted down our ship's side and our port quarter collided with his stbd bow causing a hole in his gunwhale believe that this was a void space and he was not too fussed about it. ("Just get it welded up"). On two occasions he also came perilous close to hitting the towfish cable.

This illustrated perfectly why the Captain as well as the project manager were not too keen to undertake this transfer, with an unknown boat well offshore in weather which was always going to be marginal. A skilled coxswain would have made it look easy this man made

Attachments: Photo's ☐ Drawings ☐ Witness Statement ☐ Procedures / JHAs ☐ Maintenance & Other Records ☐

### INCIDENT CLASSIFICATION (Select Tick box)

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Serious Potential    | <input type="checkbox"/> Environmental   | <input type="checkbox"/> Production / Operational Loss | <input type="checkbox"/> Injury        |
| <input checked="" type="checkbox"/> Near Miss | <input type="checkbox"/> Non-Conformance | <input type="checkbox"/> Asset / Equipment Damage      | <input type="checkbox"/> Illness       |
| <input type="checkbox"/> Hazard               | <input type="checkbox"/> Security        | <input type="checkbox"/> Community Impact              | <input type="checkbox"/> Not Specified |

### SECTION B:

(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

Family Name:

First Name:

Injured Party's Occupation  
(Only use items from pick list)

Injured Party's Employer  
DOF Subsea ☐ Contractor ☐

Hours into Shift:

Days into Swing:

Injury Class: ☐ WORK INJURY ☐ OCC ILL ☐ NON-WORK INJURY

Severity: ☐ FAC ☐ MTC ☐ RWC ☐ LWC ☐

Location (if other than site)

Body Part affected:

Nature of Injury / Illness:

Facility Name & Contact:

Treating First Aid / Medic / Doctor (site or other)

MEDICAL PROVIDER :

CS-HS-FR-001

Approved by: HSE Manager

Page 1 of 6

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Rev 3



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PART: C

### INVESTIGATION

(Supervisor / Site Manager to check Section's A & B are complete. Complete Part C send within 24 hours to Project / Operations Manager & HSE Department)

EVENT / MECHANISM



Struck by (Hit by moving objects)

(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)

☒ PROCEDURES/PROCESSES

Failure to follow procedures / instruction

☐ TOOLS & EQUIPMENT

EXPOSURES

☐ USE OF TOOLS & EQUIPMENT

☐ PROTECTIVE MEASURES

☐ WORK ENVIRONMENT/DESIGN

☐ KNOWLEDGE/TRAINING/EXPERIENCE

☒ ENVIRONMENT

Weather conditions contributing to unsafe workplace

ROOT CAUSES (Refer to Cause Analysis chart CS-HS-FR-011 to select appropriate Category box)

PHYSICAL CONDITION

☐ PSYCHOLOGICAL CONDITION

☒ LACK OF KNOWLEDGE

☐ LACK OF SKILL

MOTIVATION

☒ LEADERSHIP & SUPERVISION

☐ ENGINEERING / DESIGN

☐ PURCHASING / PROCUREMENT

MAINTENANCE

☐ TOOLS & EQUIPMENT

☐ WORK STANDARDS

☐ ABUSE / MISUSE

#### 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

MEDIUM

MEDIUM

MEDIUM

MEDIUM

#### INCIDENT REPORT SITE APPROVAL

Supervisor

Department

Signature

Date

HSE Department

Position

Signature

Date

SITE Manager

Position

Signature

Date

Client Representative Comments:

Name

Position

Signature

Date



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## 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 be signed by the actionee and verified by Management

No	Corrective Action Item	Actionee	Target Date	Date Completed	Actionee Initial	Mgm Initial
1	Transfers at sea are to undertaken in accordance to Ships management systems and marine navigation practices whereby both masters communicate and agree to required method. Any change or disagreement will halt transfer from proceeding.	GS VM	Ongoing	21/3		
2	Only suitable and experienced subcontractors shall be authorised to carry out transfers at sea. Where possible transfers should be undertaken in calm / sheltered waters where supply vessels do not meet adequate offshore industry standards	MLi / BRC		21/3		
3	Requirements for undertaking transfers at sea should be assessed and planned and not on an ad-hoc basis. All Vessel movements and transfer requirements to be reviewed and agreed by Project Management & by Vessel Management department	MLi / BRC		21/3		
4						
5						

## 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?

Department: Survey Manager Name: W Russell-Casgill Approval Sign: [Signature] Date: 21/3/08

## PART: F

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 ☒

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

Name: K. Sincuaie  
Title: HSE Manager Signed [Signature]

Date 21/03/08