

## MARINE

### HSE DEPARTMENT ENVIRONMENTAL REPORT

1. Crew: **140**
2. Client: **Woodside**
3. Division: **EAME Marine**
4. Type of Crew: **Multi-Streamer**
5. Vessel Name: **Western Pride**
6. Name of Reporter: **Lyll Cowin**
7. For further information regarding this incident, contact :  
**Lyll Cowin**
8. Date of Accident: **12/08/99**
9. Date of Report: **12/09/99**
10. Type of Report: **For Record Only**
11. Time of Accident: **09:30**
12. Sea Conditions: **5 : waves 4 - 8 ft.**  
(Beaufort Sea State)
13. Weather Conditions: **6 : wind 22 - 27 knots**  
(Beaufort Wind Speed)
14. Location of Environmental Impact: **Open Water**
15. Geographical Location of Impact:  
**No impact contained onboard Smit Lloyd 28 alongside Western Pride at anchor off  
Rottnest Island West Australia 31 52S 115 22.5E**
16. Impact Remediated by: **Crew**
17. Source of Accident: **Equipment Failure**
18. Specific Source of Accident:  
  
**Storage Container**  
Equipment failure  
  
**Hydraulic Line**  
  
  
**Transfer of Liquids**  
Equipment failure  
  
**Environmental Control System**  
  
  
**Other**
19. Type of material released:  
**Diesel**
20. List the type and volume of waste generated from this accident?  
**Approx 4 litres of diesel**
21. Actual or planned disposition of waste:  
**Incinerator**
22. What efforts were taken to prevent this incident prior to the actual accident:  
**Refueling with supply vessel alongside procedures**

23. Factual Description of Accident:

**Supply/chase vessel Smit Lloyd 28 came alongside while W. Pride was at anchor to transfer fuel and stores. It was decided to transfer using the in line fueling system to test it. When system was pressurised approx 4 litres of diesel sprayed out of a cracked fitting. Entire spill was contained onboard and cleaned up using oil spill kit. After this the alongside fueling system was used.**

**The Chief Engineer on the Smit Lloyd 28 plans to modify and repair fitting on the in line refueling system.**

24. Recommendation for Prevention of Recurrences:

**Equipment**

25. What Authorities were Notified:

**None, not required**

26. Is a written follow up report necessary? **No**

Why or why not? **No fuel escaped inot the sea.**

### **Risk Potential Matrix**

The purpose of these matrices is to identify POTENTIALLY serious incidents so they can be investigated thoroughly.

IMPORTANT: When rating the incident, select the worst PROBABLE result, not the worst IMAGINABLE or worst case scenario.

Environmental: **C1**  
Property Damage: **N/A**  
Injury: **N/A**  
Company Reputation: **C1**

To select the risk potential ratings for each category, press Enter and choose ONE entry from the list. For a description of each rating, click on the "Estimating Risk Severity and Level of Exposure" button to view the risk potential matrix. You MUST select a rating for each category. Select "Not Applicable" where necessary.

### **Distribution:**

Original- HSE Department

Copies:

Crew File

Area HSE Supervisor

Others Designated by Area Management

**End of Report.**

Form No. 302-3008

Rev. 7/98

## MARINE

### HSE DEPARTMENT OCCUPATIONAL ILLNESS REPORT

1. Crew: **140**
2. Client: **Woodside**
3. Division: **EAME Marine**
4. Type of Crew: **Multi-Streamer**
5. Vessel Name: **Western Pride**
6. Name of Reporter: **Lyll Cowin**
7. Date of Illness: **12/08/99**
8. Date of Report: **12/09/99**
9. Type of Report : **First Report**

#### Information on Person:

- |                                                 | <u>First</u>                  | <u>Last</u> |
|-------------------------------------------------|-------------------------------|-------------|
| 10. Name:                                       | <b>Michael</b>                | <b>Vink</b> |
| 11. Classification:                             | <b>WGC Employee</b>           |             |
| 12. Employee I.D.:                              | <b>69179</b>                  |             |
| 13. Hire Date:                                  | <b>02/22/89</b>               |             |
| 14. Department:                                 | <b>Processing</b>             |             |
| 15. Job Classification:                         | <b>Processor</b>              |             |
| 16. Years with Company:                         | <b>10.9</b>                   |             |
| 17. Years with Current position:                | <b>3</b>                      |             |
| 18. Days on Duty:                               | <b>21-30 days since break</b> |             |
| 19. Number of Hours on Duty:                    | <b>6-9 Hours</b>              |             |
| 20. Date Returned to Work:                      |                               |             |
| 21. Estimated Date for Return to Normal Duties: |                               |             |
| 22. Lost Illness Days:                          | <b>0</b>                      |             |

#### Illness Details:

23. Location: **On board**
24. Specific Location Where Illness Was Contracted:  
**Not known**
25. Type of Illness: **Infection**
26. Specific Type of Illness: **Urinary Tract infection**
27. Treatment Received: **None**
28. Treatment By: **N/A**
29. Body Part or System Affected by Illness: **Genital - Urinary**
30. Source of Illness: **Unknown**
31. Factual Description of Illness:

**Michael Vink informed the Captain on the morning of 12-8-99 that he had a urinary tract infection and needed to go ashore to see a doctor. He was sent ashore to Perth, West Australia the same day as the ship was at anchor near this city.**

32. Recommendation for Prevention of Recurrences :  
**None**

#### Risk Potential Matrix

The purpose of these matrices is to identify POTENTIALLY serious incidents so they can be investigated thoroughly.

IMPORTANT: When rating the incident, select the worst PROBABLE result, not the worst IMAGINABLE or worst case scenario.

Environmental: N/A  
Property Damage: N/A  
Injury: N/A  
Company Reputation: N/A

To select the risk potential ratings for each category, press Enter and choose ONE entry from the list. For a description of each rating, click on the "Estimating Risk Severity and Level of Exposure" button to view the risk potential matrix. You MUST select a rating for each category. Select "Not Applicable" where necessary.

**Distribution:**

Original-HSE Department

Copies:

Crew File

Area HSE Supervisor

Others Designated by Area Management

**End of Report.**

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