#### **Falkland Islands Government**

## **Department of Mineral Resources**



#### **Petroleum Operations Notice 9**

Reporting of Injuries, Diseases and Dangerous Occurrences

## FOR REPORTING OF INCIDENTS PLEASE CONTACT THE DEPARTMENT OF MINERAL RESOURCES ON

Mon - Fri, 8am - 4:30pm: +(500) 27322

Operators are advised to seek the department's Outof-Hours phone number prior to commencement of operations and incorporate it into relevant Emergency Response documents.

## reporting@mineralresources.gov.fk

#### **Contents**

| Introduction                                  | 2 |
|---|---|
| Reporting of incidents – Timing               | 3 |
| Reporting Dangerous occurrences and injuries  | 3 |
| Reporting Diseases                            | 4 |
| Annex 1 – Dangerous occurrence reporting form | 5 |
| Annex 2 – Injury reporting form               | 7 |
| Annex 3 –Disease reporting form               | 9 |

#### Introduction

The reporting of injuries, diseases and dangerous occurrences on offshore installations operating in the Falklands' designated area is governed by the Reporting of Injuries, Diseases and Dangerous Occurrences Order 1998 (S.R. & O. No. 14 of 1998), hereafter referred to as "the Order" (available to download from <a href="https://www.falklands-oil.com">www.falklands-oil.com</a>).

The order sets out which parts of the equivalent UK Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 apply in the Falklands. Although Falkland Island Government (FIG) reporting requirements are largely similar as a result, they are not identical and the 2012 amendment to the UK regulations has not been incorporated into the Falklands regulations. Operators (particularly those accustomed to the UKCS regulatory framework) are therefore advised to carefully review the Order so as to perceive the differences between the two. **Ultimately, the Falkland Islands 1998 Order is the applicable legislation on all cases.** 

These guidelines seek to clarify the main aspects of the reporting requirements established by the Order, but are not a definitive list of operators' obligations. For further guidance operators should revert to the Order itself or seek advice from the Department of Mineral Resources (contact details below). The forms with which to report any events are included in the appendices to this document.

At present, offshore health & safety in the Falklands is regulated by FIG, who may choose to seek expert technical advice from an independent advisor. This independent advisor may in turn choose to contact operators directly to gather the necessary information before making a recommendation to FIG.

Further information can be obtained from:

Department of Mineral Resources
Ross Road, Stanley, Falkland Islands, FIQQ 1ZZ
Phone: 1(500) 27322

Phone: +(500) 27322

rcordeiro@mineralresources.gov.fk or sluxton@mineralresources.gov.fk

#### **Reporting of Incidents**

#### **Timing**

Operators should preliminarily notify the Department of Mineral Resources of any incidents covered by the Order via the contact details on the cover page of this document as soon as practically possible. In the case of injuries, deaths and dangerous occurrences, this initial notification should be followed up by a report in the format outlined in appendices 1 & 2 to this document within 10 days of the event taking place. Similarly, operators are asked to provide the Department with copies of any internal reports on similar incidents as and when they are produced.

In the case of diseases, operators should submit a report in the format outlined in appendix 3 as soon as possible after the disease has been diagnosed by a medical practitioner and a written statement to that effect has been received by the employer or affected person.

Operators are encouraged to submit reports in electronic format, as this allows the Department to distribute them among relevant advisors and government departments with greater ease.

#### What to report – Death, injuries and dangerous occurrences

Under the existing legislation, operators are required to report:

- The death of any person as a result of an accident arising out of or in connection with work;
- Any major injury as a result of an accident arising out of or in connection with work
- An injury to any person not at work requiring hospital treatment as a result of an accident arising out of or in connection with work
- Any dangerous occurrence
- Any accident that incapacitates any employee from work for more than three consecutive days (not including the day of the accident)

Additionally, where injuries sustained as a result of an accident at work cause the death of an employee within one year of the injuries being sustained, operators must inform the Department in writing as soon as they become aware of it.

Comprehensive lists of what are deemed to be major injuries and dangerous occurrences are detailed in Schedules 1 and 2 of the Order, which is available to download from the department's website – <a href="https://www.falklands-oil.com">www.falklands-oil.com</a>

#### What to report – Diseases

Under the terms of the Order, there are two broad groups of disease that have to be reported:

- Group 1: Any disease or condition mentioned in the first column of Part 1 of Schedule 3 of the UK RIDDOR 1995 **and** caused by any activity mentioned in the second column of that same part. Part 1 of the Schedule 3 of the UK RIDDOR 1995 is available from www.falklands-oil.com
- Group 2: Any disease mentioned in Part 2 of schedule 3 of the Order.

If in doubt, operators are encouraged to contact the department for guidance.

## Annex 1 – Dangerous Occurrence Reporting Form

# Falkland Islands Government – Department of Mineral Resources Dangerous Occurrence Reporting Form (PON 9)

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| Dangerous Occurrence Reporti                | ng Form (PON 9)             |               | The same of the sa | RICH |
|---|-----------------------------|---------------|--|------|
| About you and your organisation             |                             |               |  |      |
| Notifier Name                               |                             |               |  |      |
|   |                             |               |  |      |
| Job Title                                   |                             |               |  |      |
|   |                             |               |  |      |
| Organisation Name                           |                             |               |  |      |
| Organisation Name                           |                             |               |  |      |
| A 1.1                                       |                             |               |  |      |
| Address                                     |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
| Email                                       |                             |               |  |      |
| Linan                                       |                             |               |  |      |
| Phone Number                                | +                           |               |  |      |
| Phone Number                                |                             |               |  |      |
| About where the dangerous occurrence ha     | appened                     |               |  |      |
| Name & callsign of offshore installation,   |                             |               |  |      |
| vessel or pipeline                          |                             |               |  |      |
| and a pipe                                  |                             |               |  |      |
| Quadrant                                    |                             | Block         |  |      |
|   |                             |               |  |      |
| Latitude                                    |                             | Longitude     |  |      |
| 2000000                                     |                             | 201.8.18.88   |  |      |
| Dataila of madula/anas on the installation/ |                             |               |  |      |
| Details of module/area on the installation/ |                             |               |  |      |
| vessel where the incident occurred          |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
| About the dangerous occurrence              |                             |               |  |      |
| Incident date &                             | Date time & method          |               |  |      |
| time  | of first report to FIG      |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
| In which department or where on the prem    | ises did the incident happe | n?            |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
| What type of work was being carried out (g  | enerally the main business  | of the site)? |  |      |
| Main Industry                               |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
| Main Activity                               |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
| Sub activity                                |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |
|   |                             |               |  |      |

| About the type of dangerous occurrence                              |  |
|---|--|
| About the type of dangerous occurrence Type of Dangerous Occurrence |  |
|   |  |
|   |  |
| Describe what happened  |  |
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#### Annex 2 - Injury Reporting Form

## Falkland Islands Government – Department of Mineral Resources



Injury Reporting Form (PON 9)

| mjary reporting rotti (r Ort 3)   |                             |              |  |
|---|-----------------------------|--------------|--|
| About you and your organisation   |                             |              |  |
| Notifier Name   |                             |              |  |
| Job Title   |                             |              |  |
| Organisation Name   |                             |              |  |
| Address   |                             |              |  |
| Email   |                             |              |  |
|   |                             |              |  |
| Phone Number  |                             |              |  |
| About where the incident happened   |                             |              |  |
| Name & callsign of offshore installation, vessel or pipeline                      |                             |              |  |
| Quadrant  |                             | Block        |  |
| Latitude  |                             | Longitude    |  |
| Details of module/area on the installation/<br>vessel where the incident occurred |                             |              |  |
| About the incident Incident date & time   | Date time & method          | d            |  |
|   | of first report to FIG      |              |  |
| In which department or where on the premise                                       | es did the incident happen  | ?            |  |
|   |                             |              |  |
| What type of work was being carried out (gen                                      | erally the main business of | f the site)? |  |
| Main Industry   |                             |              |  |
| Main Activity   |                             |              |  |
| Sub activity  |                             |              |  |
|   |                             |              |  |

| About the type of accident          |  |
|-------------------------------------|--|
| Kind of accident                    |  |
|                                     |  |
|                                     |  |
| Work Process Involved               |  |
| Work Flocess involved               |  |
|                                     |  |
|                                     |  |
| Main factor Involved                |  |
|                                     |  |
|                                     |  |
|                                     |  |
| Description                         |  |
|                                     |  |
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|                                     |  |
|                                     |  |
|                                     |  |
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|                                     |  |
|                                     |  |
|                                     |  |
| About the injured person            |  |
| Injured person's name               |  |
| , ,                                 |  |
|                                     |  |
| Address                             |  |
|                                     |  |
|                                     |  |
| Phone Number                        |  |
| Phone Number                        |  |
|                                     |  |
| Occupation or title                 |  |
|                                     |  |
| Work Status                         |  |
|                                     |  |
| About the injured person's injuries |  |
| Severity of the injury              |  |
|                                     |  |
|                                     |  |
| Injuries                            |  |
| injuries                            |  |
|                                     |  |
|                                     |  |
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| Part of the Body                    |  |
| <i>'</i>                            |  |
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## Annex 3 – Disease Reporting Form

## Falkland Islands Government – Department of Mineral Resources



| Disease Reporting Form (PON 9)               |   |
|--|---|
| About you and your organisation              |   |
| Notifier Name                                |   |
| Job Title                                    |   |
|  |   |
| Organisation Name                            |   |
| Address                                      |   |
|  |   |
| Email  |   |
| Phone Number                                 |   |
| About the place where the affected person to |   |
|  | nerally the main business of the site where the affected person usually works)? |
| Main Industry                                |   |
|  |   |
| Main Activity                                |   |
| ,  |   |
|  |   |
| Sub activity                                 |   |
|  |   |
| About the affected person                    |   |
| Affected person's name                       |   |
| Affected person's flame                      |   |
| Age  |   |
| Gender                                       |   |
|  |   |
| Occupation or title                          |   |
| Work Status                                  |   |
| Details if the affected person is on a       |   |
| training scheme or employed by somebody      |   |
| else   |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

| About the disease                           |  |
|---|--|
| Date the disease was diagnosed or confirmed |  |
| What type of disease was diagnosed?         |  |
| Describe the work that led to the disease   |  |