**Safety Alert**

This form is for the submission of safety alerts. The form should be completed as fully as possible and returned to Wendy Poore at IOGP, [wp@iogp.org](mailto:wp@iogp.org).

Each participating IOGP member company is asked to submit at least one safety alert with their annual safety performance data submission. Submitted alerts will be for open publication on the IOGP Safety Zone website.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE FORM SUBMITTED: | |  | | | | | | |  | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |
| 1. | CONTACT: |  | | | | | | |  | | | |
|  | **The contact details you give us will remain strictly confidential. If you wish to provide contact details on the published report use item 1.A. below.** | | | | | | | |  | | | |
|  |  | |  | | | | | | | | | |
|  | YOUR NAME: | |  | | | | | | | | | |
|  | COMPANY: | |  | | | | | | | | | |
|  | POSITION IN COMPANY: | |  | | | | | | | | | |
|  | PHONE: | |  | | | | | | | | | |
|  | EMAIL: | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
| **1.A.** | **CONTACT DETAILS *- OPTIONAL*:** | |  | | | | | | | | | |
|  | ***(to appear on published report)*** | |  | | | | | | | | | |
|  | | | | | | | | | | | | |
| 2. | THE ALERT | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  | DESCRIPTIVE TITLE: | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  | DATE AND TIME: | |  | | | | | | | | | |
|  | *(when the incident occurred)* | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  | COUNTRY AND REGION: | |  | | | | | | | | | |
|  | *(where the incident actually occurred)* | |  | | | | | | | | | |
|  |  | |  | | | | | | | | | |
|  | DESCRIPTION: | | | | | |  | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | |  | | | | | | | |
|  | WHAT WENT WRONG? *(main root causes)* | | | | |  | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | |  | | | | | | |
|  | CORRECTIVE ACTIONS AND RECOMMENDATIONS: *(actions being taken to prevent recurrence and lessons learned)* | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
|  |  | | | | |  | | | | | | |
|  | FUNCTION – tick ONE ONLY: | | | Exploration | | | | Drilling | | | | Unspecified |
|  |  | | | Production | | | | Construction | | | | |
|  |  | | |  | | | | | | | | |
|  | LOCATION (On/offshore): | | | Onshore | | | | | | Offshore | | |
|  |  | | |  | | | | | | | | |
|  | CATEGORY – tick ONE ONLY: | | | Air accident | | | | | | | | |
|  |  | | | Assault and Violent act | | | | | | | | |
|  |  | | | Caught In, Under or Between | | | | | | | | |
|  |  | | | Confined Space | | | | | | | | |
|  |  | | | Cut, Puncture, Scrape | | | | | | | | |
|  |  | | | Explosion / Burn | | | | | | | | |
|  |  | | | Exposure Electrical | | | | | | | | |
|  |  | | | Exposure Noise, Chemical, Biological, Vibration | | | | | | | | |
|  |  | | | Falls from Height | | | | | | | | |
|  |  | | | Overexertion, Strain | | | | | | | | |
|  |  | | | Pressure release | | | | | | | | |
|  |  | | | Slips and Trips (at same height) | | | | | | | | |
|  |  | | | Struck by | | | | | | | | |
|  |  | | | Water related, Drowning | | | | | | | | |
|  |  | | | Other | | | | | | | | |
|  |  | | |  | | | | | | | | |
|  | ACTIVITY– tick ONE ONLY: | | | Construction, Commissioning, Decommissioning | | | | | | | | |
|  |  | | | Diving, Subsea, ROV | | | | | | | | |
|  |  | | | Drilling / Workover / Well Services | | | | | | | | |
|  |  | | | Lifting, Crane, Rigging, Deck operations | | | | | | | | |
|  |  | | | Maintenance, Inspection, Testing | | | | | | | | |
|  |  | | | Office, Warehouse, Accommodation, Catering | | | | | | | | |
|  |  | | | Production Operations | | | | | | | | |
|  |  | | | Seismic / Survey operations | | | | | | | | |
|  |  | | | Transport - Air | | | | | | | | |
|  |  | | | Transport - Land | | | | | | | | |
|  |  | | | Transport - Water, incl. Marine activity | | | | | | | | |
|  |  | | | Unspecified - other | | | | | | | | |
|  |  | | |  | | | | | | | | |
|  | LIFE-SAVING RULE – tick ONE ONLY | | | Confined space | | | | | | | | |
|  | See IOGP report 459 | | | Dropped objects | | | | | | | | |
|  |  | | | Drugs and alcohol | | | | | | | | |
|  |  | | | Excavation | | | | | | | | |
|  |  | | | Gas test | | | | | | | | |
|  |  | | | Isolation | | | | | | | | |
|  |  | | | Journey management | | | | | | | | |
|  |  | | | Lift plan | | | | | | | | |
|  |  | | | Line of fire - safe area | | | | | | | | |
|  |  | | | Overhead power lines | | | | | | | | |
|  |  | | | Permit to work | | | | | | | | |
|  |  | | | PPE (Including flotation device) | | | | | | | | |
|  |  | | | Seat belt | | | | | | | | |
|  |  | | | Smoking | | | | | | | | |
|  |  | | | Speeding / phone | | | | | | | | |
|  |  | | | Suspended load | | | | | | | | |
|  |  | | | System override | | | | | | | | |
|  |  | | | Work at height | | | | | | | | |
|  |  | | | [Insufficient information to assign a rule] | | | | | | | | |
|  |  | | | [No appropriate rule] | | | | | | | | |
|  |  | | |  | | | | | | | | |
|  | LOCATION – tick ONE ONLY | | | Camp ie survey, seismic geophical operations | | | | | | | | |
|  |  | | | Construction/rig repair yard | | | | | | | | |
|  |  | | | Fixed Installation | | | | | | | | |
|  |  | | | Floating Production Storage Unit | | | | | | | | |
|  |  | | | Floating Production Storage & Offloading Unit | | | | | | | | |
|  |  | | | Mobile Drilling Unit | | | | | | | | |
|  |  | | | Office, support base, heliport | | | | | | | | |
|  |  | | | Shuttle Tanker | | | | | | | | |
|  |  | | | Specialist vessel e.g. diving, construction, survey | | | | | | | | |
|  |  | | | Supply base, warehouse, workshop, dock | | | | | | | | |
|  |  | | | Terminal | | | | | | | | |
|  |  | | | Fixed Installation | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | PICTURES: | | |  |
|  | ***Pictures should be provided electronically with this form, as either .gif or .jpg files, and named ‘img1’, ‘img2’, etc.*** | | | |
|  |  | | | |
|  | *Image number* | | *Descriptive title (will be added as a caption within the published alert)* | |
|  |  |  |  | |
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| **3.** | IOGP USE ONLY: | |  | |
|  |  | |  | |
|  | AUTHORISED BY: | |  | |
|  | DATE: | |  | |