

Occupational Illness Reports

**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:

10. Name:

<u>First</u> Michael	<u>Last</u> Vink
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11. Classification:

<input checked="" type="radio"/> WGC Employee	<input type="radio"/> Subcontractor
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12. Employee I.D.: **69179**
13. Hire Date: **02/22/89**
14. Department: **Processing**
15. Job Classification: **Processor**
16. Years with Company: **10.9**
17. Years with Current position: **3**
18. Days on Duty: **21-30 days since break**
19. Number of Hours on Duty: **6-9 Hours**
20. Date Returned to Work:
21. Estimated Date for Return to Normal Duties:
22. Lost Illness Days: **0**

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.

Form No. 302-3006 Rev. 7/98

**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**

- | | |
|--|--|
| <input checked="" type="radio"/> Equipment failure | <input type="radio"/> Not properly secured |
| <input type="radio"/> Overturned/tipped/moved | <input type="radio"/> Poor condition |
| <input type="radio"/> Physical force applied | <input type="radio"/> Vandalism |

• **Hydraulic Line**

- | | |
|---------------------------------------|--|
| <input type="radio"/> Ruptured/broken | <input type="radio"/> Fitting/Connection |
|---------------------------------------|--|

• **Transfer of Liquids**

- | | |
|--|---|
| <input checked="" type="radio"/> Equipment failure | <input type="radio"/> Failed to follow procedures |
| <input type="radio"/> Failed to observe | |

• **Environmental Control System**

- | | |
|---|--------------------------------------|
| <input type="radio"/> Overturned/tipped/moved | <input type="radio"/> Physical force |
| <input type="radio"/> Failed to follow procedures | <input type="radio"/> Vandalism |
| <input type="radio"/> Equipment failure | |

• **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? Yes 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

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HSE DEPARTMENT
OCCUPATIONAL ILLNESS REPORT

crew: 140
client: Woodside
division: EAME Marine
type of Crew: Multi-Streamer
vessel Name: Western Pride
name of Reporter: Lyall Cowin
date of Illness: 11/20/99
date of Report: 11/20/99
type of Report: First Report

Information on Person:

	<u>First</u>	<u>Last</u>
Name:	Larry	Dusolt
Classification:	WGC Employee	
Employee I.D.:	84704	
Hire Date:	03/24/97	
Department:	Recording	
Job Classification:	Technician	
Years with Company:	2.7	
Years with Current position:	2	
Days on Duty:	11-20 days since break	
Number of Hours on Duty:	1-3 Hours	
Date Returned to Work:	11/20/99	
Estimated Date for Return to Normal Duties:	11/20/99	
Lost Illness Days:	0	

Illness Details:

Location: On board
Specific Location Where Illness Was Contracted:
Known

Type of Illness:	Other
Specific Type of Illness:	Suspected malaria relapse
Treatment Received:	4 x 250mg chloroquine tablets at once followed by 2 every 12 hours 6 hours
Treatment By:	Glen Turner - Chief Mate
Body Part or System Affected by Illness:	Other
Source of Illness:	Other

Actual Description of Illness:

complained of shivering, sweating and headaches. His temp was 37.4, BP 141/79, pulse 105.
The Chief Mate he contracted malaria 12 years ago and has since had approx. 7 to 8 relapses, the most recent relapse occurred 12 months ago.
The Chief Mate obtained medical advice from IMC (Dr Carson Lo). The diagnosis was suspected vivax malaria. Treatment prescribed was 4 x 250mg chloroquine tablets at once followed by 2 every 12 hours for 36 hours. IMC instructed The Chief Mate to call them if Larry does not improve within 12 hours. He may have to be sent ashore if there is no improvement.

At the time of this illness report there is a viral infection on the crew which is causing sore throat, running nose, aches and aching joints to several crew members.

Recommendation for Prevention of Recurrences :

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**
Safety: **B4**
Company Reputation: **B2**

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