



Incident Serial No.
(HSE use only)

Hydrocarbon Release Report Supplementary Information

This form should be used to impart supplementary information on Hydrocarbon Releases which are reported on OIR/9B forms under RIDDOR 95, Dangerous Occurrences 13, 14, 73, or 74 per ON 30 (revised).

OFFSHORE INSTALLATION DETAILS:

NAME (or other designation)

Registration No. (For HSE use only)

DATE:
(of incident)

TIME:
(of incident) (24 hours)

Location at time of Incident:

Quadrant

Block

Latitude

Longitude

Water Depth metres

GUIDANCE NOTES :

This form should be completed as soon as possible, but in any case within 4 weeks following the incident. Guidance on how to complete the form is contained on page 6 at the back of the form, and detailed guidance on reporting of Hydrocarbon Releases is given in booklet ref. OTO96956 available from HSE Information Services, Sheffield.

Please return completed form to:

Health and Safety Executive
Offshore Safety Division
Data Intelligence Section
Merton House
Stanley Road
Bootle
L20 3DL

For official use only	
OIR / 9B REF:	<input type="text"/>
CHECKED:	<input type="text"/> DATE: <input type="text"/>
INPUT:	<input type="text"/> DATE: <input type="text"/>
INPUT AUDIT:	<input type="text"/> DATE: <input type="text"/>
TECH AUDIT:	<input type="text"/> DATE: <input type="text"/>

1. HYDROCARBON (HC) RELEASED: (Tick appropriate box)

NON PROCESS (Specify)
PROCESS: OIL CONDENSATE GAS 2-PHASE
FOR GAS, DENSITY FOR LIQUIDS, GRAVITY

IF 2- PHASE, STATE GOR: (*) = Specify GOR units, e.g. scf / bbl

FOR GAS or 2-PHASE, STATE LEVEL OF H2S: p.p.m.

2. ESTIMATED QUANTITY RELEASED: (*)

(*) = Specify units e.g. Tonnes, Kgs, m³

3. DURATION OF LEAK: (MINS)

(Estimated time from discovery, e.g. alarm, to termination of leak)

4. LOCATION OF LEAK: (Please complete checklist on Page 4)

5. HAZARDOUS AREA CLASSIFICATION: (i.e. zone at location of incident)

(Tick appropriate box) 1 2 UNCLASSIFIED

6. EQUIVALENT HOLE DIAMETER: (*)

(*) = Specify units e.g. inches or mm.

7. MODULE VENTILATION? NATURAL FORCED

HOW MANY SIDES ENCLOSED?
(Insert the number of walls, including floor and ceiling)

MODULE VOLUME m³

ESTIMATED No. OF AIR CHANGES (if known) (*)
(*) = Specify hourly or daily rate

8. WEATHER CONDITIONS:

WIND: SPEED DIRECTION (*)
(*) = Specify units, e.g. mph, m/s, ft/s (*) = Specify heading in degrees

OTHER CONDITIONS: (Describe)

9. SYSTEM PRESSURE: MAXIMUM ALLOWABLE OPERATING ACTUAL (*)

(*) = Specify units e.g. bara, psig or other (i.e. at time of release)

10. TOTAL HC INVENTORY IN SYSTEM (*)

(i.e. isolatable between ESD valves) (*) = Specify units e.g. Tonnes, Kgs, m³

11. MEANS OF DETECTION: (Please tick type of detector or specify as appropriate)

HEAT SMOKE FLAME GAS OTHER (specify)

12. EXTENT OF DISPERSION? (Please describe)

13. CAUSE OF LEAK? (Please complete checklist on page 5)

14. DID IGNITION OCCUR? (Please tick appropriate box) Yes No

If Yes, was it: IMMEDIATE DELAYED DELAY TIME (secs)

Was there: (add sequence of events by numbering appropriate boxes in order of occurrence)

A FLASH FIRE AN EXPLOSION
A JET FIRE A POOL FIRE

15. IGNITION SOURCE (IF KNOWN) (please describe)

16. WHAT EMERGENCY ACTION WAS TAKEN? (tick appropriate box(es))

SHUTDOWN	<input type="checkbox"/>	AUTOMATIC	<input type="checkbox"/>	MANUAL
BLOWDOWN	<input type="checkbox"/>	AUTOMATIC	<input type="checkbox"/>	MANUAL
DELUGE	<input type="checkbox"/>	AUTOMATIC	<input type="checkbox"/>	MANUAL
CO2 / HALON	<input type="checkbox"/>	AUTOMATIC	<input type="checkbox"/>	MANUAL
CALL TO MUSTER	<input type="checkbox"/>	AT STATIONS	<input type="checkbox"/>	AT LIFEBOATS
OTHER	<input type="checkbox"/>	(specify)	<input type="text"/>	

17. ANY ADDITIONAL COMMENTS:

CONTACT (In case of queries) (block capitals, please)

NAME: POSITION:

SIGNATURE: DATE:

LOCATION CHECK LIST (SEE 'LOCATION OF LEAK' ITEM 4. ON PAGE 2)

(Please indicate those items which come nearest to pinpointing the location of the leak)

(a) MODULE/AREA NAME:

(Please state the name in common use on the installation, inc. subsea if appropriate)

(b) SYSTEM: (please tick one box per category and also tick equipment details as appropriate)

DRILLING: Well Control Exploration Appraisal Development Completion

WELL: Oil production Gas Production Gas Injection Surface Subsea

FLOWLINES: Oil Gas Other (specify)

MANIFOLD: Oil Gas Other (specify)

SEPARATION: Oil Gas Test Production Train No of Stage

PROCESSING: Oil Gas (Specify system)

UTILITIES: Oil Gas (Specify system)

GAS COMPRESSION:

METERING: Oil Gas Condensate

EXPORT/IMPORT Oil Gas Condensate

DRAINS: Open Closed

VENT/FLARE: HP LP

BLOW-DOWN:

(c) EQUIPMENT: (Please tick **one** box per category and also tick equipment details as appropriate)

BOP Wellhead Xmas Tree Surface Subsea Rating:

COMPRESSOR Centrif Recip

FILTER Drain Opening Plug

EXPANDER Recompressor

FIN FAN COOLER

FLANGE: Type Rating Size (*)

(*) Specify e.g. RTJ, RF, ANSI 900#, API nom, bore ins/mm, etc.

HEAT EXCHANGER: HC in Shell Tube Plate

INSTRUMENT (incl. piping, valves and tappings)

MUD Shale Drilling (please specify)

PIG LAUNCHER/ RECIEVER: Horiz/Vert, Length/Dia (ins/mm)

PIPELINE Riser Material Rating Size (*)

PIPING: Material Rating Size (*)

(*) Specify e.g. API 5LX52, pressure in psig/barg, nom. bore in ins/mm, etc.

PRESSURE VESSEL: Horiz/Vert Type Length/Dia (ins/mm)

(*) Specify e.g. separator, contactor, length tan to tan and diameter in ins/mm

PUMP: Centrif Recip Single Double Seal

STORAGE TANK: Capacity (Specify units e.g. bbls, gall. m³)

TURBINE: Gas Dual Fuel

VALVE: Manual/Actuated Function Type Size (*)

(*) Specify e.g. Relief, ESDV, PCV, gate, ball, globe, diameter in ins/mm, etc.

CAUSE OF LEAK CHECK LIST (SEE "CAUSE OF LEAK". ITEM 13. ON PAGE 3)

(Please indicate those items which come nearest to identifying the cause of the leak)
 (Choose one parameter from each of the following categories, and tick appropriate boxes)

(a) DESIGN:

- FAILURE RELATED TO DESIGN
- NO DESIGN FAILURE

(b) EQUIPMENT:

- CORROSION: INTERNAL EXTERNAL
- MECHANICAL FAILURE FATIGUE WEAROUT
- EROSION
- MATERIAL DEFECTS
- OTHER (Specify)
- NO FAILURE IN THE EQUIPMENT ITSELF

(c) OPERATION:

- INCORRECTLY FITTED
- IMPROPER MAINTENANCE INSPECTION TESTING OPERATION
- DROPPED OBJECT OTHER IMPACT
- LEFT OPEN
- OPENED WHEN CONTAINING HC
- OTHER (Specify)
- NO OPERATIONAL FAILURE

(d) PROCEDURAL:

- NON - COMPLIANCE WITH PROCEDURE PERMIT TO WORK
- DEFICIENT PROCEDURE
- OTHER (Specify)
- NO PROCEDURAL FAILURE

(e) OPERATIONAL MODE IN AREA AT TIME OF RELEASE:

- DRILLING WELL OPERATION WITH TREE TREE OIL GAS
(please specify actual operation e.g. wireline, well test etc.)
- NORMAL PRODUCTION
- PIGGING
- SHUTTING DOWN SHUTDOWN BLOW - DOWN
- FLUSHING CLEANING INSPECTION
- MAINTENANCE: HOT WORK OTHER (Specify)
- CONSTRUCTION: HOT WORK OTHER (Specify)
- TESTING SAMPLING
- REINSTATEMENT START - UP