



Government of **Western Australia**  
Department of **Mines and Petroleum**  
Resources Safety

**Guide to**  
**Petroleum Occurrence Report Forms and**  
**Petroleum Monthly Status Report Forms**

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## Introduction

This guide is intended to help you complete and submit the two electronic Petroleum safety forms: the Petroleum Monthly Status Report Form (SRF) and Petroleum Occurrence Report Form (ORF).

### Monthly Status Report Form

The Monthly Status Report Form must be submitted before the 15<sup>th</sup> day of every month. It is used to report the average number of employees, contractors and marine crew working on the site during the previous month, along with the number of hours that they worked.

If injuries occurred on the site during the month being reported then a summary of the number of lost time injuries and the work days lost, days that workers were on alternative duties and the total days (“calendar” days) workers were off their regular occupations is reported.

If there were alternative duties worked or days lost during the reported month then the injuries that led to these lost time or alternative duties days must be listed in the “Accident Details” section at the bottom of the form.

See *“Using the Monthly Status Report Form (SRF)”* in this guide for further details.

### Occurrence Report Form

The Occurrence Report Form is used to report the occurrences and injuries (both lost time and alternative duties) that occurred on the site during the month. This form must be submitted within three days of the incident occurring.

The form consists of a first page, which identifies the company, contractors and site, plus other, specialised pages which become available as required. If, for example, a fire is being reported the form will automatically open the appropriate additional fire report page once the first page is complete.

See *“Using the Occurrence Report Form (ORF)”* in this guide for further details.

## Software requirements and terminology

### Adobe Acrobat Reader

The Petroleum forms utilise the free Adobe Acrobat Reader software or an equivalent “PDF” reader. Acrobat Reader version 8 or higher is recommended.

#### ‘Fields’ on the form

The term ‘field’ is used in this guide. Fields are places in the form where you enter data. They include lines of text, check boxes and lists of choices.

#### ‘Mandatory’ fields

Some fields on the forms are for essential information and must be filled in before the form will allow itself to be submitted. If you attempt to submit a form with any of these fields still blank an error message listing the missed fields will appear. When you return to the form the missed fields will be highlighted in red to help you find them.

#### ‘Tool tips’ – on-screen help

When you place your mouse pointer over a field on the forms, a small box appears with a brief description of what should be entered there. In some cases, this tip will be the same as the prompt on the form. However, for others the tip will provide additional information about what to enter and what format to use.

## Using the PDF forms

### Getting started

Open the blank form with your PDF reader.

Please note that some fields are mandatory and the form cannot be sent until they are filled in.

If you attempt to submit a form with any of these fields still blank an error message listing the missed fields will appear. When you return to the form the missed fields will be highlighted in red to help you find them.

### Moving around the form

You have the choice of using your mouse or keyboard to move about the form.

#### *Using the keyboard*

Each time you press the 'Tab' key you will move forward one field. Repeat until your required field is selected. Press the 'Enter' key after you have entered the information. To go back to the previous field, press 'Shift' and 'Tab' together.

#### *Using the mouse*

Left click where you wish to enter information and follow the appropriate instructions for text, check box or drop-down list. If you position your mouse pointer over a field for a second or two a "tool tip" message will appear.

### Drop-down lists

Several fields on the forms are drop down lists where you select from a list of possible values. These fields have a button marked with a downward pointing triangle next to them.

#### *Using the mouse*

Click on the button marked with the downward pointing triangle to the right of the box. The drop-down list will appear. Click on the appropriate month. If the item you want is further down the list than is displayed, use your mouse to drag down the slider bar (found to the right of the list).

#### *Using the keyboard*

Use the 'Tab' key to go to the empty data entry box. The box will remain blank but will be highlighted.

Now use the down arrow key on your keyboard to scroll through the choices. They will appear one at a time in the box. If you go too far down the list use the up arrow key to go back.

Use 'Tab' to leave the box when the correct choice is showing.

### Text and number fields

When you enter text the form will automatically show all typing in upper case.

When you are entering numbers please use whole numbers only. Do not use commas or decimal points as they will be ignored and may result in an error.

### Dates (entered manually)

Dates are in the dd/mm/yyyy format (e.g. 01/11/2010).

Enter the month as a two digit number rather than by name and enter the year as a four digit number.

Note that 'forward slashes' are used to separate days, months and years and numbers of days or months. The form will not accept any other characters as separators, including dashes.

Numbers representing days or months which are less than ten need a "leading zero" (e.g. 02).

### Dates (chosen from calendar)

Some date fields allow you to choose the date from a calendar. Click or tab to the date field.

**Keyboard:** Use your down arrow keys to make the calendar appear and to move to the correct month and day. If you need to go to the previous month press the left or up arrow. Press tab to record the date and to move to the next field. The calendar will disappear, leaving the selected day showing. For entering a date more than a month ago (e.g. a date of birth) it is better to simply type the date into the field (see "Dates (entered manually)").

**Mouse:** Click on the button with the downward pointing triangle to the right of the date field to make the calendar appear. Change the month or year either by clicking on them or by using the left or right buttons. Click on the next field to exit. The calendar will disappear, leaving the selected day showing.

## Using the Monthly Status Report Form (SRF)

### Monthly Status Report Form for:

Select the month and year covered by the report from the “Month” and “Year” lists.

### Reporting details

This section identifies the company and facility covered by the Petroleum Monthly Status Report Form and who has filled in the form.

Note that the ‘Site ID no.’ is the number supplied to you by Resources Safety and must be entered as a letter P followed by a five digit number (e.g. P12345).

The ‘Submitted by’ name and contact details are simply to allow any queries about the form’s content to be made directly and without fuss.

### Employment status details

In this section of the SRF you need to enter statistics for employees, contractors and marine crew working on the site during the previous month. If any injuries occurred on the site during the month being reported then the number of injuries, work days lost, days on alternative duties and the total days (“calendar” days) that workers were off their regular occupations are reported. Note:

The lost time and alternative duties figures in this section refer only to accidents which occurred *this* month and do not include ‘carry over’ days from accidents that occurred in previous months.

#### Entering total hours worked for employees, contractors and marine crew

Enter the total hours worked under each of the appropriate employment categories ‘Employees’, ‘Contractors’ or ‘Marine Crew’, rounded off to the nearest whole number.

These fields are mandatory. If, for example, no hours were worked or there were no employees in a particular employment category simply enter a zero. Do not leave the field blank.

*Decimal points or commas will not be accepted by the form and will be ignored.*

#### Entering the average number of employees

Enter an estimate of the average number of people employed on site during the calendar month under each of the appropriate employment categories ‘Employees’, ‘Contractors’ or ‘Marine Crew’. This should represent the *average* number of people on site during the month *not* the total number.

#### Entering the number of lost time accidents, days lost and days on alternative duties

If there were any lost time accidents during the month enter the number of accidents, calendar days lost and work days lost under each of the appropriate employment categories ‘Employees’, ‘Contractors’ or ‘Marine Crew’.

If any alternative duties were worked during the month due to an accident that occurred during the month enter the number of alternative duties days worked under each of the appropriate employment categories ‘Employees’, ‘Contractors’ or ‘Marine Crew’.

### Accident details

This is the section where the lost time days and/or alternative duties days in the month are reported for each injured person.

For each injury that resulted in lost time or alternative duties days in the month fill in the date of the person’s accident (in dd/mm/yyyy format), their name and any reference number that was provided when the injury was reported on the Occurrence Report Form.

This list will also include days lost or on alternative duties in the month being reported for injuries that occurred in earlier months (i.e. “Carry over” injuries).

In the three boxes to the right (headed “Days lost this month”) enter the number of calendar days off, work days lost and the number of alternative duties days worked by the injured person this month.

“**Calendar days off**” is the total number of days (including rostered days off and days on alternative duties) that the injured person has been unable to work their regular job in the month being reported.

“**Work days lost**” is the number of rostered work days that the injured person was off work in the month being reported.

“**Alt. duties days**” is the number of rostered work days that the injured person worked alternative duties in the month being reported.

## Using the Occurrence Report Form (ORF)

The Occurrence Report Form consists of a first page, which identifies the company and site, plus other pages which become available as required.

If, for example, a fire is being reported the form will automatically open the appropriate additional fire report pages once the first page is complete and 'Fire or Explosion' is selected from the 'Nature of Occurrence' list at the bottom of the page.

If you attempt to select a *Nature of Occurrence* to open the next page before the first page is complete the form will display an error message listing the missed fields. When you return to the form the fields to complete will be highlighted in red to help you find them.

### Occurrence Report for:

This is the date that you are making the report. Select the day and month from drop down lists and type in the year as a four digit number.

### Reporting Details

This is the front page of the form and is the only one visible when you first open the form.

The first page identifies the company, contractors and facility covered by the Petroleum Occurrence Report Form and who has filled in the form.

The information used to identify the facility includes the tenement or licence, the facility name and its location.

Note that the 'Site ID no.' is the site identification number supplied to you by Resources Safety and must be entered as a letter P followed by a five digit number (e.g. P12345).

The 'Submitted by' name and contact details are simply to allow any queries about the form's content to be made directly and without fuss to the person who filled it in.

This information is automatically added to the top of all other pages of the Occurrence Report.

### Nature of Occurrence

When you believe that you have correctly completed the 'Reporting Details' section, select the nature of the occurrence that you are reporting from the 'Nature of Occurrence' drop-down list at the bottom of the form.

This will start the error checking for the first page. If you have left any mandatory fields blank the form will display an error message listing the missed fields. When you return to the form the missed fields will be highlighted in red to help you find them.

*Once you have filled in the blanks re-select the Nature of Occurrence.* The form will itself, check again. When no further errors or missed fields are found the form will open the appropriate next page, as required by your choice in the 'Nature of Occurrence' drop-down list.

If you realise that you have chosen the wrong nature of occurrence click on the "Delete" button at the bottom of the new page that your previous choice opened before selecting a different item from the "Nature of Occurrence" list.

The choice of occurrence made from the list will determine which of four different pages will be opened:

**Fatality:** used for fatal injuries

**Injury:** used for lost time and alternative duties injuries

**Fire or Explosion:** used to report an outbreak of fire or an explosion

**Incident:** Used to report cases of disease, hydrocarbon releases resulting in environmental hazard, unplanned events resulting in activation of ERP, damage to safety-critical equipment and "near miss" occurrences that could have resulted in any of the above.

# Fatality

## Fatality Details

**Reference No.:** Enter the reference number assigned by your company to the incident.

**Date of fatality:** Enter the date either by typing or by choosing the appropriate date from this field's calendar. See *Dates (chosen from calendar)* in 'Using the PDF Forms'.

**Time of fatality:** Enter the time of the fatal accident in 24 hour format (hh:mm).

**Detailed location of fatality:** Describe where the incident occurred (e.g. where within the facility).

**Name of deceased:** Enter the name of the deceased person.

**Date of birth of deceased:** Enter the date either by typing or by choosing the appropriate date from this field's calendar. See *Dates (chosen from calendar)* in 'Using the PDF Forms'.

**Gender of deceased:** Select "Female" or "Male" from the list.

**Occupation of deceased**

**Employer of deceased**

**Employment of the deceased was:** Select "Full time" or "Part time" from the list.

**Deceased started shift:** Enter the time the deceased's shift began (in 24 hour format hh:mm)

**Deceased was scheduled to complete the shift:** Enter the time the deceased's shift was scheduled to end (in 24 hour format, hh:mm).

**Marital status of deceased:** Select "Single", "Married" or "De Facto" from the list.

**Did the deceased have children?:** Select "Yes" or "No" from the list.

**Personnel notified:** These are check boxes. Click on all that apply ( Police, Coroner and Union).

**Mechanism of fatality:** Select the most appropriate mechanism of fatality from the list.

**Breakdown Agency:** Select the most appropriate Breakdown Agency from the list.

**Describe the fatal event:** Describe the incident which resulted in the fatal injury. The form will not accept a description that is too brief.

## Additional page required

If the occurrence that led to this fatality requires further reporting (e.g other fatalities, injuries to other people, fire or explosion, hydrocarbon release etc) select the appropriate nature of occurrence from the list "Nature of Occurrence" near the bottom of the screen and then click on the "*Create a new page*" button. The form will open the selected new page.

You can repeat this as required (e.g. a fire resulting in an injury and a hydrocarbon release).

If you create a new page then realise that you have chosen the wrong nature of occurrence click on the "Delete" button at the bottom of the new page before selecting a different item from the "Nature of Occurrence" list.

## Injury

If the occurrence caused a non-fatal injury to a person that resulted in either lost time or alternative duties then this form must be completed.

### Injury Details

**Reference No.:** Enter the reference number assigned by your company to the incident.

**Date of Injury:** Enter the date either by typing or by choosing the appropriate date from this field's calendar. See *Dates (chosen from calendar)* in 'Using the PDF Forms'.

**Time of Injury:** Enter the time that the injury occurred in 24 hour format (hh:mm).

**Detailed location of injury on site:** Describe where the incident occurred (e.g. where within the facility).

**Name of injured:** Enter the name of the injured person.

**Date of birth of injured:** Enter the date either by typing or by choosing the appropriate date from this field's calendar. See *Dates (chosen from calendar)* in 'Using the PDF Forms'.

**Gender of injured:** Select "Female" or "Male" from the list.

**Occupation of injured**

**Employer of injured**

**Employment of the injured was:** Select "Full time" or "Part time" from the list.

**Number of years injured worked in current role:** Enter numbers only.

**Injured started shift:** Enter the time the injured person's shift began (in 24 hour format hh:mm).

**Injured was scheduled to complete the shift:** Enter the time the injured person's shift was scheduled to end (in 24 hour format, hh:mm")

**Breakdown Agency:** Select the most appropriate Breakdown Agency from the list.

**Was the injured person medically treated?:** From the drop-down list identify whether the injured person received medical treatment beyond first aid ("Yes" or "No").  
See the *"Definitions and Coding"* booklet for definitions of the *Injury Classifications, including "MTI"*.

**Mechanism of injury:** Select the most appropriate mechanism of injury from the list.

**Nature of injury:** Select the most appropriate nature of Injury from the list.

**Body location of injury:** Select the most appropriate injured part of body from the list.

**Describe the injury event:** Describe the incident which resulted in the injury. The form will not accept a description that is too brief.

### Additional page required

If the occurrence that led to this injury requires further reporting (e.g injuries to other people, fire or explosion, hydrocarbon release etc) select the appropriate nature of occurrence from the list "Nature of Occurrence" near the bottom of the screen and then click on the "Create a new page" button. The form will open the selected new page.

You can repeat this as required.

If you create a new page then realise that you have chosen the wrong ature of occurrence click on the "Delete" button at the bottom of the new page before selecting a different item from the "Nature of Occurrence" list.



## Fire or Explosion

### Fire or Explosion Details

**Reference No.:** Enter the reference number assigned by your company to the incident.

**Date of incident:** Enter the date either by typing or by choosing the appropriate date from this field's calendar. See *Dates (chosen from calendar)* in 'Using the PDF Forms'.

**Time of incident:** Enter the time that the incident occurred in 24 hour format (hh:mm).

**Describe the incident, including any corrective actions identified or already implemented.**

**Number of injuries/fatalities:** Enter the total number of people injured or killed by the incident.

**Methods of extinguishment:** Briefly describe what was used to extinguish the fire (e.g. AFFF, portable extinguishers, earth, fire hose etc.).

**Self rescuers used:** If self-rescuer breathing apparatus was used select "Yes" from the drop-down list and enter details of their use in the box to the right.  
If no self rescuers were used select "No" from the drop-down list.

**External fire fighting services required:** If external fire fighting services were required select "Yes" from the drop-down list and enter details in the box to the right.  
If no external fire fighting services were required select "No" from the drop-down list.

**Refuge chamber used:** If use was made by personnel of refuge chambers select "Yes" from the drop-down list and enter details in the box to the right.  
If no refuge chambers were used select "No" from the drop-down list.

**Ignition of fire:** Select the ignition source of the fire from the drop down list (Cutting or welding, Electrical, External Source, Friction, Unknown at this time or Other). Enter details, especially if "Other" has been selected, in the box to the right.

**Fuel for fire:** Select what was fuelling the fire from the drop down list (Flora, Hydrocarbon leak, Lubricant leak or Other). Enter details, especially if "Other" has been selected, in the box to the right.

**Isolation from other systems:** Select "Yes" or "No" from the drop-down list and enter any further details in the box to the right.

### Additional page required

If the occurrence that led to this fire requires further reporting (e.g injuries to other people, hydrocarbon release etc.) select the appropriate nature of occurrence from the list "Nature of Occurrence" near the bottom of the screen and then click on the "Create a new page" button. The form will open the selected new page.

You can repeat this as required.

If you create a new page then realise that you have chosen the wrong nature of occurrence click on the "Delete" button at the bottom of the new page before selecting a different item from the "Nature of Occurrence" list.

## Incident

This form is used for all other occurrences not involving fire, injury or death. These include:

- Disease
- Hydrocarbon releases resulting in environmental hazard
- Unplanned events resulting in activation of ERP
- Damage to safety-critical equipment and
- “Near miss” occurrences that could have resulted in any of the above or fire, injury or death.

### Incident details

**Reference No.:** Enter the reference number assigned by your company to the incident.

**Date of Incident:** Enter the date either by typing or by choosing the appropriate date from this field's calendar. See *Dates (chosen from calendar)* in 'Using the PDF Forms'.

**Time of Incident:** Enter the time that the incident occurred in 24 hour format (hh:mm).

**Detailed location of incident:** Describe where the incident occurred (e.g. where within the facility).

**Describe the incident, including any corrective actions indentified or already implemented.**

### Additional page required

If the occurrence that led to this incident requires further reporting (e.g. damage to safety critical equipment, hydrocarbon release etc.) select the appropriate nature of occurrence from the list “Nature of Occurrence” near the bottom of the screen and then click on the “*Create a new page*” button.

The form will open the selected new page.

You can repeat this as required.

If you create a new page then realise that you have chosen the wrong nature of occurrence click on the “Delete” button at the bottom of the new page before selecting a different item from the "Nature of Occurrence" list.

## Submitting the forms

### Submit by email

Whether you are using a Petroleum Monthly Status Form or a Petroleum Occurrence Report Form, once you believe you have completed the form click on the '**Submit By Email**' button located at the bottom of the screen.

### Automatic checking

When the 'Submit By Email' button is clicked (or the 'Enter' key is pressed when the button is selected) the form will check if any essential ("mandatory") fields have been left blank or have been deleted.

If it finds any problems the form will display a warning message that lists the fields to correct. Click on the 'OK' button or press the 'Enter' key to return to the form. The fields to correct will be outlined in red.

When you have corrected the outlined fields click or press 'Enter' on the 'Submit by Email' button again.

### Adding further information to the email

When no further problems are encountered Acrobat will open an email with the appropriate Resources Safety address already filled in. The email's subject line will automatically contain details about the form being submitted.

#### ***Please do not edit the email subject line,***

The email will have the completed and checked form as an attachment. You can type any explanatory text you wish into the email or attach further documents before clicking on "Send".

### Saving a copy of the completed form

If you wish to keep an electronic copy of the form that you have just submitted make sure that you use 'Save as' to avoid over-writing your blank original form.

Wait until the *Submit by email* process is complete before saving a form. This will guarantee that the copy you are making is the same as the report sent to Resources Safety.

### Printing a copy of the form

If you wish to have a paper copy of the completed form wait until the '*Submit by email*' process is done (including sending the email) and you have returned to the form - then click on the '*Print Form*' button at the top right of the screen.

By waiting until the submitting and checking process is complete you guarantee that you are printing the final, checked version – and have a record of what you have supplied to Resources Safety.

### Finishing up and shutting down

Remember, **do not** agree to save the document when Acrobat asks. This will over-write your blank copy with this occurrence form or status form's information.