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| **NORSOK STANDARD U-100** **Annex A updated January 2024** |
| **Diving operations**Annex A (Informative) Accident/illness/near-accident alert/notification and reporting in diving activity under Norwegian ocean industry regulations**This is an extract from the English version of NORSOK U-100:2023.**

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# Annex A (Informative) Accident/illness/near-accident alert/notification and reporting in diving activity under Norwegian ocean industry regulations

A.1 General requirements under the Norwegian ocean industry regulations

General requirements for alert / notification and reporting of all undesired events (accident / illness / near-accident) in ocean industry activities, including diving operations, are regulated by *“Regulations relating to management and the duty to provide information in the petroleum activities and at certain onshore facilities (The Management Regulation)*”, “[*Chapter VIII, Notification and reporting*](https://www.havtil.no/en/regulations/all-acts/?forskrift=611#kap=VIII)*”.*

All undesired events shall be followed up by written notification on the web-form “*Notification and reporting of hazard and accident situations”* found on Norwegian Ocean Industry Authority webpages <https://www.havtil.no/en/contact-us/notify-us/> .

A.2 Additional requirements for diving operations, alert/notification

In conjunction with diving operations in the petroleum activity there are additional requirements to alert/notification and reporting of incidents/accidents.

In addition to what is generally required in the Management regulation, shall the following types of serious accidents and near-accidents require alert/notification and reporting to authorities during operations:

a) every case of fire in the plant; also where chamber complex is not occupied by divers and whether the complex is pressurized or not;

b) unintentional halt in the function of any unit necessary to maintain life and health of personnel working under water; regardless of number of barriers to total failure;

c) every form of unconsciousness;

d) accidental change of ambient pressure;

e) decompression illness;

f) gas supply cut-off;

g) faulty gas mixture.

In addition to verbal alert and notification as described in A.1 including additional requirements as described in A.2 above, shall all incidents be followed up by a written categorisation report using the specialised NORSOK U-100 form as described in A.3 below. The NORSOK U-100 form is sent by e-mail to postboks@havtil.no.

A.3 Reporting

A.3.1 General

In addition to the general requirements (see NORSOK U-100, *5.8 Reporting*) the following undesired events shall be reported by the operator to Norwegian Ocean Industry Authority on enclosed form (A.3):

a) every incident requiring first aid;

b) every incident requiring hyperbaric treatment;

c) near–accident, including situations when no person is present in the system used for the diving operation;

d) aborted operation due to illness;

e) external ear infection.

The information reported is used by Norwegian Ocean Industry Authority for input to the dive database DSYS.

A.3.2 Reporting on occupational injury and illness ([Havtil link](https://www.havtil.no/en/contact-us/reporting-to-havtil/report-on-occupational-injury-and-illness/))

In case of accident resulting in personal injury in conjunction with diving operations the form “*NAV 13-06.05 Report of occupational injury or illness incurred in connection with offshore petroleum operations”* or *“NAV 13-07.05 Report of occupational injury or illness incurred during work on Norwegian or foreign land territory”* shall be submitted by postal service directly to Norwegian Ocean Industry Authority by the diving contractor as this form contains protected personal data, cf. Management regulation § 31. See also Norwegian Labour and Welfare Organisation, [www.nav.no](http://www.nav.no).

Any physicians which through his work acquires knowledge of a worker potentially suffering from a work-related illness are obliged to report this to the Norwegian Ocean Industry Authority on [Norwegian Labour Inspection Authority form 154b/c](https://www.arbeidstilsynet.no/kontakt-oss/meldeplikta-til-legane/). The form shall be submitted by postal service directly to Norwegian Ocean Industry Authority by the physician as this form contains protected personal data, cf. Management regulation § 32.

**A.3.3 Guidance to enclosed form**

NOTE If it is required to tick off more than one item in the same column, the most significant item should be marked with a circle.

A.3.3.1 Information related to the incident

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| Operator/Concessionaire: | Name of operator / concessionaire |
| Field and area: | Name of industry field, landbased facility and location where incident took place |
| Diving contractor: | Name of diving contractor |
| Worksite: | Name of vessel, platform and barge from where the diving operation took place |
| Sector: | National sector (Norwegian, Danish, British, German, other) |
| Date: | Date of incident |
| Reported by: | Name of person reporting incident |
| Date reported: | Date of issuing report of incident |
| Incident category: | Tick off in correct box |
| Depth: | The depth in chamber and water when incident took place |
| Breathing gas: | Air, Nitrox, Heliox, Trimix, etc. |
| Dive type: | Tick off in correct box or state method in use |
| Purpose of dive: | Tick off correct box or state purpose |
| Injured body part: | Tick off correct box or state other body parts |
| Type of injury: | Tick off correct box or state other types of injury |
| Description and follow-up of incident, illness and injury | Describe briefly the incident and follow-up, or by illness or injury – the first symptoms, type of first aid, who administered the first aid, further treatment and follow up |

A.3.3.2 Analysis for cause

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| Phase of the diving operation:  | Tick off correct phase in the operation when incident took place |
| Activity: | Activity of involved personnel when incident took place |
| Place of occurrence:  | Tick off for correct place where incident took place. In arena means areas on the work-site outside the diving facility, but in close conjunction with the diving operation, e.g. chamber control room, dive control, DP-control, gas-bag room, gas-storage room, compressor room, external life support room and rooms where equipment in conjunction with diving operation is tested or stored. All other areas on the work site  |
| System fault: | Tick off correct system directly involved in the cause of incident  |
| Equipment:  | Tick off correct cause of incident with regards to equipment |
| Personnel:  | Tick off correct cause of incident with regards to personnel |
| Other contributing factors:  | Tick off other contributing factors or state type |

A.3.3.3 Comments, follow up and signature

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| Corrective actions on long and short term: | List both implemented and planned corrective actions |
| Comments from safety delegate:  | Safety delegate states his comments to the incident as relevant |
| Signature:  | Signature of person reporting incident |

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**the Norwegian ocean industry regulations**

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| OPERATOR/Concessionaire: | FIELD/AREA & NATIONAL SECTOR: | CONTRACTOR(S): |
| WORK-SITE: | DATE OF INCIDENT: | REPORTED BY/DATE REPORTED: |
| Incident category: Near accident Accident with personal injury Illness | Depth: | Breathing gas: |
| **INFORMATION RELATED TO THE INCIDENT** |
| PURPOSE OF DIVE Inspection Construction Repair Welding Maintenance Other (describe): | TYPE OF DIVE Saturation dive Surface orientated diving SUR-DO2 tUP Other (describe): | PHASE OF THE DIVING OPERATION Pre dive Compression Bottom phase Decompression Post dive | ACTIVITY Preparations During transport At work Post work At rest |
| PLACE OF OCCURRENCE In chamber In diving bell/basket In water In habitat In rescue unit In other hyperbaric unit On Mother Vessel (MV) On Light Dive Craft (LDC) On Fast Rescue Craft (FRC) In arena Outside arena | INJURED PART OF BODY Head/Neck Eye Ear Sinuses Shoulder/Arm Hand/Finger Chest/Stomach Back Hip/Knee/Thigh/Leg Ankle/Foot/Toe Skin Other (describe): | TYPE OF INJURY Decompression sickness Barotraumas during compression Barotraumas during decompression Outer ear infection Other infection Wounds Fracture Heat injury Cold injury Unconsciousness Death Other injury/illness (describe): |
| DESCRIPTION AND FOLLOW-UP OF INCIDENT / ILLNESS / INJURY (describe): |
| **ANALYSIS FOR CAUSE** |
| SYSTEM FAULT Chamber complex Bell system Control rooms Handling system Gas supply system Environmental control plant Hot water system Tools Personal diving equipment DP system Vessel/Installation outside diving plant (describe): Other (describe): |
| EQUIPMENT Construction/Design/ Ergonomics Mechanical failure Poor maintenance | PERSONNEL Poor organisation Lack of or poor procedures Lack of training/skills Unawareness Incorrect use of equipment Illness/Personal injury | OTHER CONTRIBUTING CAUSES Pollution/contamination Weather conditions Fire Other subsea operations (describe): Other (describe): |

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| CORRECTIVE ACTIONS |
| SHORT TERM (describe): | LONG TERM (describe): |

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| COMMENTS FROM SAFETY DELEGATE: |
| SIGNATURE SAFETY DELEGATE: |  |

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| SIGNATURE (REPORTED BY): |  |