

## IMCA DP Safety Flash 03/15

August 2015

These flashes summarise key safety matters and incidents, allowing wider dissemination of lessons learnt from them. The information below has been provided in good faith by members and should be reviewed individually by recipients, who will determine its relevance to their own operations.

The effectiveness of the IMCA DP safety flash system depends on receiving reports from members in order to pass on information and avoid repeat incidents. Please consider adding the IMCA secretariat ([imca@imca-int.com](mailto:imca@imca-int.com)) to your internal distribution list for safety alerts and/or manually submitting information on specific incidents you consider may be relevant. All information will be anonymised or sanitised, as appropriate.

A number of other organisations issue safety flashes and similar documents which may be of interest to IMCA members. Where these are particularly relevant, these may be summarised or highlighted here. Links to known relevant websites are provided at [www.imca-int.com/links](http://www.imca-int.com/links). Additional links should be submitted to [webmaster@imca-int.com](mailto:webmaster@imca-int.com)

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### Marine Safety Forum – Safety Flash 15-18: Collision with Rig

The Marine Safety Forum has granted permission to forward a copy of their Safety Flash 15-18. The subject of the Safety Flash is 'Collision with Rig' and it involves a DP2 classed vessel that lost position and made contact with a fixed drilling rig.

The main cause of the incident could ostensibly have been recorded as 'environmental' as it was the weather conditions that caused the vessel to make an excursion and contact with the rig. However it was concluded that the main cause was 'human factors' as the Officer of the Watch had missed several early warning signals that should have driven his decision process to move away from the rig to either settle the DP sensors, or wait until the weather conditions had improved.

One of the recommendations from the report is of particular interest at this time. IMCA recommends that regular planned operational and emergency DP drills are undertaken at an appropriate frequency to help ensure that human element causes of DP incidents are reduced to a minimum.

Any queries regarding this safety flash can be directed to IMCA Technical Adviser Andy Goldsmith at: [andy.goldsmith@imca-int.com](mailto:andy.goldsmith@imca-int.com). Also members and non-members can contact Andy if they have experience of DP incidents which could be shared with the DP industry.



# Marine Safety Forum – Safety Flash 15-18

**Issued: 26.06.2015**

**Subject: Collision with Rig**

## **Event Description**

There was an incident which led to the loss of position keeping ability of a Platform Supply Vessel and the subsequent collision with the leg of a Drilling Rig.

The vessel was undertaking Deck Cargo Transfer Operations at the time.

The Drilling Rig was a self-elevating, 3 legged 'Jack-up' with its Drilling Station located at the stern of the rig in a 'hang over' position, and also a Helideck protruding out and up from the Starboard forward side of the Main Deck.

The Platform Supply Vessel (PSV) was a standard UT 755L and classed as a DP2 type vessel.

The weather recorded at the time of the incident; winds from a South Westerly direction of 25 knots, wave height estimated at 3.5 metres and tide direction of 314° T at a rate of 0.7 knots.

Water spray was being experienced on deck, but latterly waves were witnessed breaking on the vessel deck.

The vessel was operating in a close quarter's position.

The vessel had been hit by a large wave, causing the vessel to be pushed out of position.

As the DP System responded to this position and heading change, the vessel came back toward the rig, over shot her position and collided with the aft Starboard leg of the rig.

The impact from a vessel perspective was approximately mid-ships, as the vessel was already listed to Starboard.

## **Learnings:**

It was concluded that the Officer of the Watch had missed several early warning signals that should have driven his decision process to move away from the rig to either settle the DP sensors, or wait until the weather conditions had decreased.

The later signals from the rig that he was too close, and the communications with the deck crew that there was lots of spray/water on deck, and that he had to physically change the ships ballast to hold station was likely to have been too late to avoid this collision with the Rig.

Stop job policy and DP operational procedures where deviated from.

## **Actions / Recommendations:**

DPO to be retrained.

Quarterly DP drills to be conducted using the simulation mode that is built into the system.

The information available on this Safety Flash and our associated web site is provided in good faith and only for the purposes of enhancing safety and best practice. For the avoidance of doubt no legal liability shall be attached to any guidance and/or recommendation and/or statement herein contained.