



## 2nd Quarter 2015 – HSSE Bulletin

*Suggestions/opinion from ships invited so that additional information can be added.*

### **Crew Commendation Award:**

We deeply value the good reports submitted by the entire fleet (including TMS & TMM Vessel). These reports are an important motivation tool to foster the sense of pride into what we are doing and creating a sense of belongingness to the organization. Amongst the various reports submitted in the 2<sup>nd</sup> quarter of 2015, the following three reports have been selected and will enter the final round of 12 reports which will be reviewed in Oct/Nov 2015 for final selection of the 3 best yearly awards of \$1000 each.

Vessel was shifting to berth with Pilot onboard and 2<sup>nd</sup> Off attending aft mooring station noted irregular black smoke emission from aft tug and notified bridge that the tug might be having trouble. Pilot acknowledged the reporting however did not dwell on the matter further. Moments later Pilot noted the tug was unable to pull the vessel with full power when instructions were given to tug when vessel was approaching close to berth. Bridge team initiated bow thruster emergency operation to minimize the vessel swing. 2<sup>nd</sup> Off continued to update the tug status continuously until the tug power was restored to normal. Vessel was then safely made fast to berth without any further issues.



2<sup>nd</sup> Off Asik Iqbal



Deck Cadet Neil Borja

Cargo loading was in progress when there was a shore side system shutdown. Duty officer instructed deck crew to shut the manifold valve as per terminal advise. While shutting the valve, Deck Cadet noted that there was infact an increased pressure on the hose. Deck Cadet momentarily stopped the valve shutting, and instead began feeling and listened on the cargo hose and noted cargo was still passing at a high pressure. To lessen the pressure Deck Cadet immediately re-opened the valve and informed CCR that cargo loading has infact not been stopped. Duty Officer informed terminal and a few minutes later cargo loading was completely stopped and manifold valve was shut

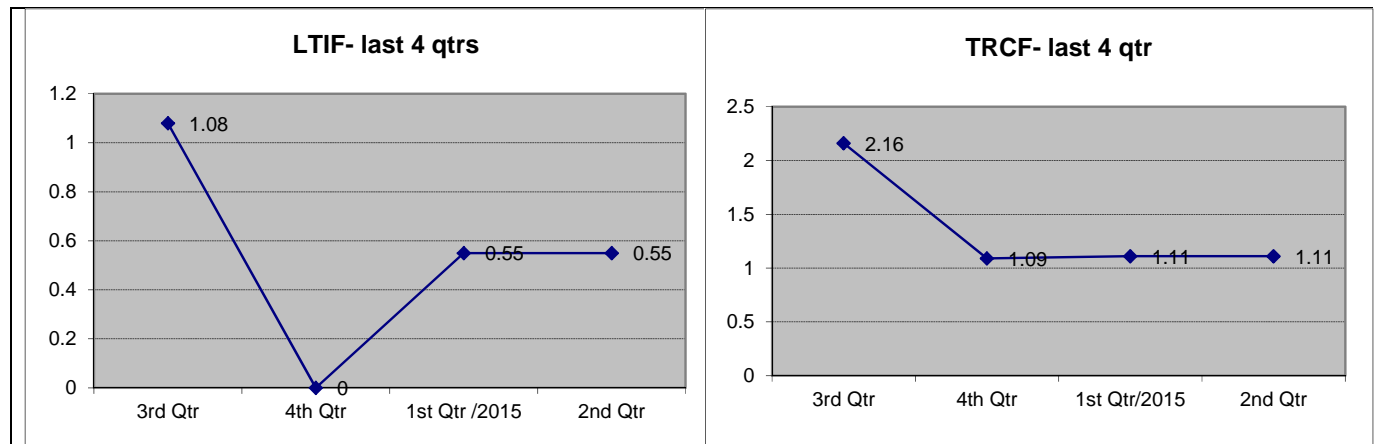
Engine Cadet observed another crew pouring staircase & floor cleaning water into the toilet bowl containing mixture of soap powder. He stopped the crew and told him not to pour the cleaning water in the toilet bowl as the soap water will degrade the bacteria effectiveness in the sewage treatment plant and effect the plant performance



Engine Cadet  
Asif Ibne  
Harun

*(The text of the above acts of safety has been modified from the original for easier reading and understanding)*

## Crew Injuries / Fatalities:



**For the year 2014, fleet LTIF was 0.55 and TRCF was 1.79. The target for the year 2015 is a 2% and 3% reduction respectively. Hence LTIF of 0.54 & TRCF of 1.73 is targeted.**

*OSA's left index and middle finger got caught between the poop deck rope hatch and opening when the hatch had closed due to tension as the securing shackle pin was not completely removed. Fortunately there was no bleeding and he could move his finger. First aid was administered onboard and referred to shore doctor upon arrival at the next port. An MTC case was recorded.*

*During steaming operation, Ch Off slipped on cat walk and his left foot got caught between manifold line 5S and 6P, causing him to fall and had hit his chest on the edge of 5C blind flange Ch Off was sent to doctor as vessel was in port. He suffered right rib fracture and initial doctor report declared him fit for light duties only for few days and required further medical follow up at next port. Doctor declared Ch Officer unfit for duty during the 2<sup>nd</sup> follow up and he was repatriated. Case was recorded as LWC.*

*# (LTIF = Lost time Injuries Frequency as per OCIMF. This in general terms means number of injuries for every 1million exposure hours in the fleet. LTI includes injuries resulting in lost time, fatalities, severe injuries resulting in ability to work ashore/onboard. TRCF = Total Recordable Case Frequency as per OCIMF. This is also number of such injuries per 1million exposure hours in the fleet. It includes LTIF injuries as above and RWC- Restricted Work Day Case & MTC - Medical Treatment Case )*

### **Near Miss:**

*Near miss reporting in the 2nd quarter has been satisfactory. The annual target is 20 and crew are to be reminded that near misses should be reported without any fear or favour. There are only a few vessels which have to be sent reminders for near miss reporting. The following near misses may be noted by the SQC as they can be considered as significant learning or high potential consequence if the conditions were slightly different.*

*While vessel was being swung near berth No.6 with tugs assistance at Jorf Lasfar with pilot onboard, forward tug lost*

*propulsion and was unable to assist to pull the vessel As a result, vessel kept closing in to the berth. Pilot advised Master to*

drop port anchor and use engines ahead engine with wheel hard over to stop vessel momentum from approaching closer to berth. Fortunately vessel stopped closing to berth due to the above action. Pilot resumed to maneuver vessel to the berth after tug's engine recovered and vessel came alongside berth safely

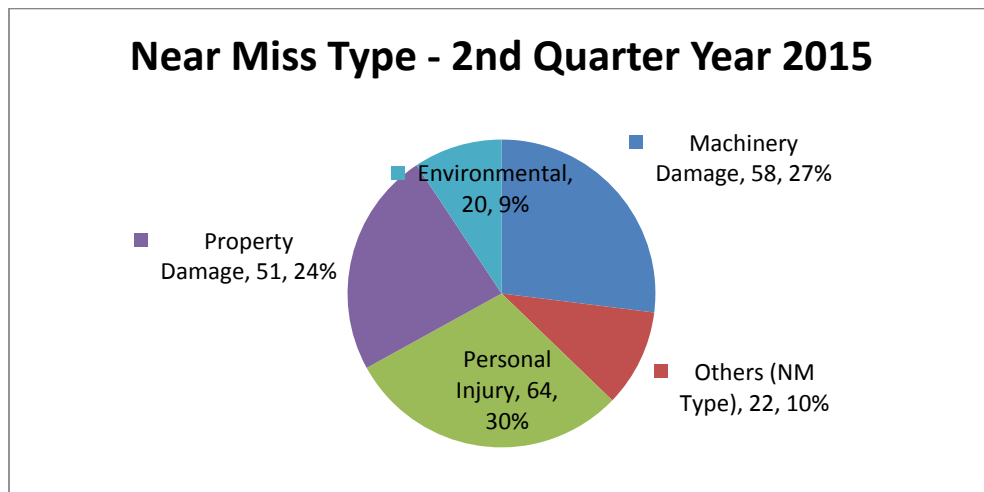
While vessel was in bound to Zamboanga berth with two Pilots onboard, vessel noted an out bound vessel. The Pilot ordered a port alteration and same executed however the action was found leading to a close quarter situation. Master sought clarification from Pilot however the Pilot response found inadequate. Master immediately took over con and gave the necessary helm and engine movement. Master reported the outbound vessel was also alert to the situation and had also taken the necessary to avoid the situation. Master reported the matter to Office for further action.

Some droplets of sodium methylate solution fell onto the drip tray causing smoke when crew opened sample drain valve for surveyor to take sample. Checks on complete drip tray dryness was likely missed or overlooked although crew was aware that the cargo reacts with water.

Vessel alongside at Tanjung Bin for discharging cargo operation of total 6 cargo tanks which were filled approximately to 97% capacity. Few minutes after cargo discharging commenced, duty officer at CCR found one particular discharge tank 7C at abnormal level likely due to cargo back flow. Pumping rate was immediately reduced and common line valve for 7C was shut for further monitoring. Ch Off revised the discharging sequence plan to initially discharge three tanks followed by the next three tanks after safe ullage level is established. Shore line distance was reported approx. 1.5km from manifold. Possibility of back flow and back pressure was overlooked during simultaneous discharge.

Vessel was being shifted to Bolivar road anchorage from LBC#2, Houston. Pilot dropped anchor very near to a shallow area. Master observed that anchor was not holding and was quickly dragging towards the nearest shallow area with the current. Master immediately took action over pilot's decision and used Engine to hold the ship, resumed heaving up anchor and re-dropped anchor again at a safer location away from the shallow patch.

The following pie charts indicates the analysis of the near miss in this quarter. It may be noted that Others (In Near Miss Type chart) includes the exceptions to rest hours.



**Learning from Incidents:**

**No Serious Incident this quarter**

**Amendments to QSMS:**

*In this quarter, one DTN was issued.*

*DTN-02/2015: The changes included revised procedure in M01 Chap 6 that Ch Off is responsible for garbage management, M01 Chap 6 & M10 Sec 4 on two monthly drill requirement for Enclosed Space & Rescue Drill, M04 Sect 25 and App 17 new section on LOTO procedures and permits, M05 App 6 revised guidance on Sulphuric and Nitric Acid cargoes as per industry best practices, M05 App 9-2 amendment to ship shore checklist on window type air conditioner, if fitted onboard, M05 App 33 removal of compressed air for pipe line testing, M06 App 1 Garbage Handling revised to include guidance on used cooking oil and usage of compactor.*

**Other Information to the fleet:**

*In addition to the circulars, general warnings, navigation warning, technical information & technical warning, following information was disseminated to the fleet in this quarter which is of prime importance.*

*13<sup>th</sup> Apr: Notice on Nairobi Convention on Wreck Removal entry into force and vessel certification*

*20<sup>th</sup> Apr: Notice on Chevron inspection during terminal call*

*20<sup>th</sup> Apr: ITF circular on IBF and ITF declaring Warlike Operations Area in respect of Yemeni ports.*

*21<sup>st</sup> Apr: Notice on DVD on MOL safety campaign, Shell LFI on mooring, compliance to*

*PPE matrix, safety harness and others*

*24<sup>th</sup> Apr: Notice on African migrant crisis in Mediterranean Sea*

*24<sup>th</sup> Apr: Notice on cargo operation delay due to SIRE inspection*

*05<sup>th</sup> May : Notice on vessel hijacking in Malacca Straits and South China Sea*

*11<sup>th</sup> May : Notice on another piracy/ hijacking near Pulau Aur*

*01<sup>st</sup> June: Notice on discontinuation of vessel 6 monthly self audit and replaced with navigation audit*

*26<sup>th</sup> June: Notice on PPE violation in the fleet*

**Health Bulletin:**

**Kidney Stone Disease (Renal calculi or urinary tract stones)**

Kidney stone incidence varies in different parts of the world, but the trend shows it the disease is increasing in tropical developing countries. The disease affected all age groups from less than 1 year old to more than 70. It occurs both in men and women but the risk is generally high in men. There is also a seasonal variation of

stone incidence, with higher rates in summer. In many cases, kidney stones can be cured but recurrences are frequent and serious renal complications may occasionally occur.

A kidney stone can often go undetected until it spontaneously moves from the

kidney cavity to the urinary tract through the ureter, the thin tube connecting the kidney with the bladder. By abruptly interrupting the urine flow, the calculi stuck in the ureter induces high pressure up to the kidney leading to renal colic syndrome that typically presents as sudden excruciating pain in one flank radiating to the groin, testis or anterior thigh. Other symptoms may include agitation, anxiety, nausea and vomiting, difficulties in urination and presence of blood in the urine. Several studies suggest that chronic dehydration from different causes such as working in a hot environment or physical exertion increases the risk of stone incidence.

Kidney stones are diagnosed through blood tests, urine analysis (to evaluate the presence calculi-forming substances) and imaging investigations such as ultrasound or CT scan of the abdomen. Stones that are too large or have led to complications

require specific medical intervention. Handled by urologists, specialized treatments include extracorporeal shock wave lithotripsy (which fragments the calculi into tiny pieces that can be eliminated with urine), the removal of the stone with a device introduced through the ureter (ureteroscopy), or with various minimally invasive or classic surgical techniques. Surgery may also be indicated to correct a malformation of the kidney. Only calculi made of uric acid may be dissolved with medicines.

The role of dietary habits, including fluid intake, has a great implication in stone development. Adequate fluid intake helps to decrease concentrations of substances involved in stone formation thus reducing their saturation degree in urine. Recommending patients to increase fluid intakes to achieve a urine volume superior to 2L per day resulted in reduced kidney stone recurrence.

### Recommendations to lower the risk of kidney stones:

GENERAL PREVENTIVE MEASURES	
Fluid intake (drinking advice)	Fluid amount: 2.5-3.0 L/day Circadian drinking Neutral pH beverages Diuresis: 2.0-2.5 L/day Specific weight of urine:<1010
Nutritional advice for a balanced diet	Balanced diet* Rich in vegetable and fibre Normal calcium content: 1000-1200 mg/day** Limited sodium chloride content: 4-5 g/day Limited animal protein content: 0.8-1.0 g/kg/day
Lifestyle advice to normalize general risk factors	Body mass index: 18-25 kg/m <sup>2</sup> (target adult value, not applicable to children) Stress limitation measures Adequate physical activity Balancing of excessive fluid loss

**Caution:**  
The protein need is age-group dependent, therefore protein restriction in the childhood should be handled carefully.  
\*Avoid excessive consume of vitamin supplements.  
\*\* Exception: Patients with absorptive hypercalciuria, calcium excretion  $\geq$  8mmol/d.  
From: European Association of urology. Türk C., Knoll T., Petrik A., Sarica K., Straub M., Seitz C. Guidelines on Urolithiasis, 2011.

## **Regulatory Information :**

*From 1<sup>st</sup> Jul 2014, NEW ships to have ship-specific plans and procedures for the recovery of persons from the water. Existing ships prior 1<sup>st</sup> survey after Jul 2014. (This booklet has been issued in year 2014. )*

*From 1st July 2014, Lifeboat onload release gear design to new standards will be applicable. From 1st July 2014 for new vessels and for existing vessels prior next docking after this date.*

*For NEW ships after 1 July 2014, a minimum of two two-way intrinsically safe portable radiotelephone apparatus for each fire party for fire-fighter's communication shall be carried on board. For existing ships not later than the first survey after 1 July 2018.*

*From 1<sup>st</sup> Jan 2015, SOx control will become stricter in ECA areas. Present sulphur content of 1% will be reduced to 0.1%.*

*From 1<sup>st</sup> Jan 2015, Crew members with enclosed space entry or rescue responsibilities onboard need to participate in an enclosed space entry and rescue drill to be held on board the ship at least once every two months. Drills should be planned and conducted using the required equipment.*

*From 1<sup>st</sup> January 2015 there are some minor amendments to the ISM code which requires Company to ensure manning encompass all aspects of maintaining safe operations on board in addition to qualifies, certified and medically fit crew. The second amendments refer to company verifying all those undertaking ISM-related tasks are in conformance to the code.*

*From 14<sup>th</sup> Apr 2015, Wreck Removal (Nairobi Convention ) 2007 comes into force. Certain countries will require the carriage of the certificate of insurance by a country which has ratified this convention. The certificate from Marshall Islands flag state has been obtained and disseminated for all vessels (including non-Marshall Islands vessels).*

*From 1<sup>st</sup> July 2015, new legislation coming into force when vessels are at berth or at anchorage in Hong Kong. The vessels must switch to use of 0.5% sulphur content of distillate fuel. See Technical Information for further details*

*From 1<sup>st</sup> SEQ survey after 1<sup>st</sup> July 2015, the ECDIS requirements will be in force. Back up arrangement for ECDIS by 2<sup>nd</sup> ECDIS or paper charts will be mandatory. The SEQ certificates require to be endorsed accordingly. Also all deck officers will require to have IMO model course 1.27 and Type Specific Certificate for model of ECDIS on board.*

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