

REPORT FOR MEDICAL EVACUATION

We are under signed:

OIM Jack-UP Rig PVD-2

Vietsovetro Companyman

Rick Dippold

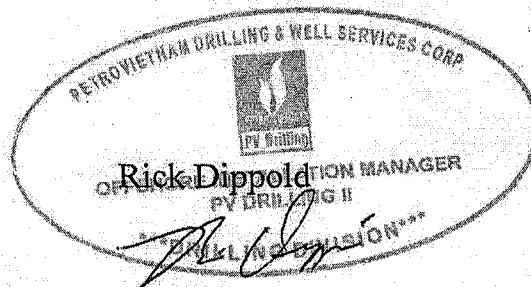
Pham Van Hieu

Base on INJURY OR ILLNESS REPORT of the condition of patient DANG DUC THIEN (PSV) from Rig medic (Nguyen Thanh Liem) we agree to book the Emergency chopper for Medical Evacuation purpose. The payment of this chopper to be according to the Item #13 of Apendix 3 – Schedule of rate and prices in the contract 0452/17/T-N4/KB1 – PVDDRILLING.

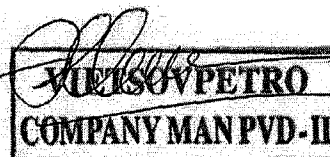
SIGN:

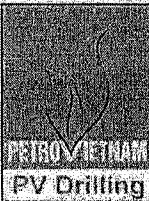
OIM Jack-UP Rig PVD-2

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INJURY OR ILLNESS REPORT

Issued Org.:	PVD
PVD Doc Ref:	P1.04.44 /R02
Orig. Issue Date:	31 Jan 07
Issued No.:	02
Issued Date:	01 Aug 11
Distribution:	Public
Pages:	1/2

Name of Employee	DANG DUC THIEN		Rig Name	PVD2	Incident Number	003
Nationality	Vietnam		Well Name or No.	BK2-2002B		
Home Address	772/D31, 30/4 street, ward 11, Vung Tau		Country of Op.	Vietnam		
	Country	Vietnam	Client	VSP		

Employer	PSV	Third Party	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date of Incident	21-Jul-17	(day/month/year)
Employee No.		Position	Utility	Crew	PSV	Time of Incident
Employment time offshore	04	years		Months		Date hitch began
Employment time current position		years		Months	01	Date/Time employee began shift

Part of Body Affected: (Check all applicable boxes.)

Head	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Eye	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Multiple Injuries	<input type="checkbox"/>
Chest	<input type="checkbox"/>	Back	<input type="checkbox"/>	Hip	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Digestive	<input type="checkbox"/>
Face	<input type="checkbox"/>	Abdomen/Groin	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Finger	<input type="checkbox"/>	Toe	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>

Other: (specify) Genital organ

Incident Type: (Check all applicable boxes.)

Bodily Motion	<input type="checkbox"/>	Struck By/Against	<input type="checkbox"/>	Caught In/Between	<input type="checkbox"/>	Slip/Trip/Fall from Same Level	<input type="checkbox"/>
Overexertion	<input type="checkbox"/>	Contact With/By	<input type="checkbox"/>	Caught Under	<input type="checkbox"/>	Slip/Trip/Fall from Elevation	<input type="checkbox"/>
Overexposure	<input type="checkbox"/>						

Other: (specify) Illness

Incident Location: (Check all applicable boxes.)

Rig Floor	<input type="checkbox"/>	Derrick	<input type="checkbox"/>	Cantilever	<input type="checkbox"/>	Engine Room	<input type="checkbox"/>	Helideck	<input type="checkbox"/>
Mud Pits	<input type="checkbox"/>	Casing Rack	<input type="checkbox"/>	Shale Shaker	<input type="checkbox"/>	SCR Room	<input type="checkbox"/>	Truck	<input type="checkbox"/>
Mud Room	<input type="checkbox"/>	Pipe Rack	<input type="checkbox"/>	Moon Pool	<input type="checkbox"/>	Workshop	<input type="checkbox"/>	Machinery Space	<input type="checkbox"/>
Cement Room	<input type="checkbox"/>	Main Deck	<input type="checkbox"/>	BOP	<input type="checkbox"/>	Galley	<input type="checkbox"/>	Fuel/Water S.Tks	<input type="checkbox"/>
Sack Room	<input type="checkbox"/>	Texas Deck	<input type="checkbox"/>	Work/Supply Boat	<input type="checkbox"/>	Quarters/Accom.	<input checked="" type="checkbox"/>	Forklift/Cherry	<input type="checkbox"/>
Other: (specify)								Picker/Crane	<input type="checkbox"/>

Rig Operation: (Check all applicable boxes.)

Routine Drilling	<input checked="" type="checkbox"/>	BOP Maint/Installation	<input type="checkbox"/>	Cementing	<input type="checkbox"/>	Rig Moving/Jacking	<input type="checkbox"/>
Tripping In/Out	<input type="checkbox"/>	Rigging Up/Down	<input type="checkbox"/>	Mud Mixing/Pumping	<input type="checkbox"/>	Anchor Handling	<input type="checkbox"/>
Making Connection	<input type="checkbox"/>	Rig Repair/Maintenance	<input type="checkbox"/>	Well Testing	<input type="checkbox"/>	Work/Supply Boat	<input type="checkbox"/>
Running Casing/Riser	<input type="checkbox"/>	Crane/Tugger Operations	<input type="checkbox"/>	Wireline Work	<input type="checkbox"/>	Painting	<input type="checkbox"/>
Handling Pipe/Tubulars	<input type="checkbox"/>	Manual Material Handling	<input type="checkbox"/>	Sand Blasting/Scale Removal	<input type="checkbox"/>	Truck/Transport	<input type="checkbox"/>

Equipment or Substance Involved: (Check all applicable boxes.)

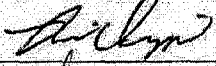
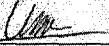
Tongs	<input type="checkbox"/>	Pipe Racker	<input type="checkbox"/>	Fire	<input type="checkbox"/>	Power Tool	<input type="checkbox"/>	Knife	<input type="checkbox"/>
Slips	<input type="checkbox"/>	Drawworks	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Hand Tool	<input type="checkbox"/>	Machinery	<input type="checkbox"/>
Elevators	<input type="checkbox"/>	Rotary	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	Falling Object	<input type="checkbox"/>	Pressure/Hose Line	<input type="checkbox"/>
Top Drive	<input type="checkbox"/>	Crane/Tugger	<input type="checkbox"/>	Debris/Dust	<input type="checkbox"/>	Moving Load	<input type="checkbox"/>	Lifting Slings	<input type="checkbox"/>
Iron Roughneck	<input type="checkbox"/>	Pipe/Tubulars	<input type="checkbox"/>	Chain/Cable	<input type="checkbox"/>	Flame/Heat/Steam	<input type="checkbox"/>	Stairs/Ladders/Walkways	<input type="checkbox"/>

Other: (specify)

Describe, in detail, how the incident occurred.
 Patient felt mild painful at his left scrotum 4 days ago. The pain was not much so the patient didn't pay attention.
 Next 2 days he felt painful when urinating, the left scrotum began swelling and painful when touching, and fever >> visit sickbay.
 Patient have received treatment with antibiotics 2 days on the rig but no improvement.

Employee Disposition: (Check all applicable boxes.)

ON THE RIG		LEFT THE RIG FOR FURTHER TREATMENT	
Received onboard Medical Attention	<input checked="" type="checkbox"/>	Left rig for Onshore Medical Attention	<input checked="" type="checkbox"/>
Returned to full duty	<input type="checkbox"/>	Name & Location of Medical Facility & Doctor	
Returned to restricted duty	<input type="checkbox"/>		

Position during restricted duty:				Medical Diagnosis : (Describe and attach report from facility)	
Drug Screen Performed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Left epididymitis			
Alcohol Screen Performed?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Did not return to rig <input type="checkbox"/>			
		Returned to full duty <input type="checkbox"/>		Returned to restricted duty	
		Date returned to rig:		(day/month/year)	
Injury / Illness Type: (Check all applicable boxes.)					
Amputation	<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Crush	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Respiration	<input type="checkbox"/>
Break/Fracture	<input type="checkbox"/>	Burn (Chem)	<input type="checkbox"/>	Cut/Abrasion	<input type="checkbox"/>
Infection	<input checked="" type="checkbox"/>	Irritation	<input type="checkbox"/>	Shock (elect)	<input type="checkbox"/>
Bruise	<input type="checkbox"/>	Burn (elect)	<input type="checkbox"/>	Concussion	<input type="checkbox"/>
Ingestion	<input type="checkbox"/>	Poisoning	<input type="checkbox"/>	Sprain/Strain	<input type="checkbox"/>
Other: (specify)					
Incident Classification: (Check all applicable boxes.)					
Fatality	<input type="checkbox"/>	Restricted Work Case (RWC)	<input type="checkbox"/>	Illness	<input checked="" type="checkbox"/>
Work Related	<input type="checkbox"/>				
Lost Time Incident (LTI)	<input type="checkbox"/>	Medical Treatment Only (MTO)	<input type="checkbox"/>	First Aid Treatment	<input type="checkbox"/>
Non-Work Related	<input checked="" type="checkbox"/>				
OIM/PIC (Signature)		Rick Dippold	Date: 23-Jul-17	(month/day/year)	
Rig Medic (Signature)		Nguyen Thanh Liem	Date: 23-Jul-17	(month/day/year)	



FLIGHT MANIFEST

DATE: 23-Jul-17	FROM: VT	AIRCRAFT: 410	ETD: 09:45
FLIGHT: CAP CUU	TO: PVD2	CREW: Hạnh - TRƯỜNG - PTUẤN	ETA: 11:10

ROUTE: VT - PVD2 - VT

No.	PAX.NAME	COMPANY	NATIONALITY	PASSPORT	TAG	BAG		BODY
						PCS	KGS	W.T
SECTOR 1: VT - PVD2								
1	NINH THI THUY HA	SOS	Vietnamese	273132860		0	0	45
	PAX OUT	1	PAX IN	2	WT:	0	0	45
	TOTAL	1						

FREIGHT

No.	FREIGHT DESCRIPTION	TAG	DEST.	QTY	WEIGHT (KGS)	
1	SOS SCTR	94	PVD2	1	100	
REMARK :					PAX.WEIGHT	45
					BAG.WEIGHT	0
					CARGO WEIGHT	100
					TOTAL	145

VSP REP.

VNH REP.

CAPTAIN

FINISHED: 09:30

FUEL

CONFIRMED BY HLO (Name & signature)

- TOTAL OF PAX:
- FREIGHT \$ BAG: