

## PERFORMANCE MEASURES DATA – Renewable Energy

Provide Data on an Annual Basis for the Previous Calendar Year by March 31 of Each Year

Company Name(s) \_\_\_\_\_ BSEE Region \_\_\_\_\_

Operator Code(s)\* \_\_\_\_\_ Calendar Year \_\_\_\_\_

Contact Name \_\_\_\_\_ Email Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

### INJURIES / ILLNESSES

		Site Assessment <u>Activities</u>	Construction <u>Operations</u>	Energy Production and Maintenance <u>Operations</u>	Decommissioning and Removal <u>Operations</u>
A. Number of <b>Company</b> Employee Recordable Non-DART** Injuries/Illnesses	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____
B. Number of <b>Contractor</b> Employee Recordable Non-DART** Injuries/Illnesses	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____
C. Number of <b>Company</b> Employee DART*** Injuries/Illnesses	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____
D. Number of <b>Contractor</b> Employee DART*** Injuries/Illnesses	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____

\* Please list all operator codes that these data represent

\*\* A non-DART injury and illness for purposes of this report is a significant injury or illness that requires medical treatment beyond first aid, involves a loss of consciousness, or results in a diagnosis by a physician or other licensed health care professional, but does not meet the definition of a DART injury or illness.

\*\*\* A DART injury and illness for purposes of this report is an injury or illness that results in a recommendation by a physician or other licensed health care professional for days away from work, restricted duty, or job transfer. Fatalities are to be reported to BSEE separately under 30 CFR 285.812(b)(1).

**WORK HOURS**

		Site Assessment <u>Activities</u>	Construction <u>Operations</u>	Energy Production and Maintenance <u>Operations</u>	Decommissioning and Removal <u>Operations</u>
A. Number of <b>Company</b> Employee Hours Worked	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____
B. Number of <b>Contractor</b> Employee Hours Worked	1 <sup>st</sup> Qtr	_____	_____	_____	_____
	2 <sup>nd</sup> Qtr	_____	_____	_____	_____
	3 <sup>rd</sup> Qtr	_____	_____	_____	_____
	4 <sup>th</sup> Qtr	_____	_____	_____	_____

**Paperwork Reduction Act of 1995 (PRA):** The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that BSEE collects this information to carry out its responsibilities under the OCS Lands Act, as amended. BSEE will use the information to evaluate the effectiveness of industry's continued improvement of safety and environmental management in the OCS. Responses are mandatory (43 U.S.C. 1334). No proprietary data are collected. We estimate the public reporting burden, including the time for reviewing instructions, gathering and maintaining data, completing and reviewing, and retaining the information to average 82 hours per response. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB has approved this collection of information and assigned OMB Control Number 1014-0034. You may direct comments regarding the burden estimate or any other aspect of this collection of information to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 45600 Woodland Road, Sterling, VA 20166.

**COMPANY-SPECIFIC DATA COLLECTED UNDER THIS REQUEST IS INTENDED FOR GOVERNMENT USE ONLY**

# Instructions for Form BSEE-0187: Performance Measures Data – Renewable Energy

All Lessees and Grantees must submit this form annually by March 31<sup>st</sup> of the subsequent year for each lease area that has undergone site assessment, construction, operations, maintenance, or decommissioning.

After completing the electronic PDF form, submit the completed document through TIMSWeb.

BSEE follows the Bureau of Labor Statistics (BLS) and Occupational Health and Safety Administration (OSHA) guidelines for classifying injuries, illnesses, and hours worked. Please refer to relevant guidance (such as the instructions for OSHA forms 300, 300A, and 301<sup>1</sup> and BLS's Survey of Occupational Injuries and Illnesses<sup>2</sup>) when filling out this form.

## 1. Company and Contact Information

Input all the following information:

- A. **Company Name(s):** Enter the name of the Lessee or Grantee and the Lease Area Number for which the Lessee or Grantee has the lease.
- B. **BSEE Region:** Enter the BSEE Region in which the reporting facilities are located (Atlantic, Gulf of Mexico (GOM), Pacific, or Alaska). A single form for each Region must be submitted if an operator has facilities in more than one Region.
- C. **Operator Code(s):** Enter the Company Number for the Lessee or Grantee and Company Numbers for all subsidiaries for which data are being reported.
- D. **Calendar Year:** Enter the calendar year for which data is being reported. For example, for calendar year 2024 data that must be reported by the March 31, 2025, deadline, input '2024'.
- E. **Contact Name:** Enter the name of the person who should be contacted if BSEE needs more information.
- F. **Email Address:** Enter the email address for the person listed under Contact Name.
- G. **Telephone:** Enter the phone number for the person listed under Contact Name.
- H. **Date:** Enter the date the form is submitted.

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<sup>1</sup> See <https://www.osha.gov/recordkeeping/forms> for form information.

<sup>2</sup> See <https://www.bls.gov/respondents/iif/forms.htm> for form information.

## 2. Injuries/Illnesses

The four columns in this section represent the major types of renewable operations represented on the outer continental shelf. Please contact [renewableenergy@bsee.gov](mailto:renewableenergy@bsee.gov) if you need help determining which category for any type of operation.

Input all the following information for each major type of renewable operation:

- A. **Number of Company Employee Recordable Non-DART Injuries/Illnesses (Section A):** The number of all recordable injuries/illnesses of company employees by category and calendar quarter as defined in 29 CFR 1904 excluding recordable injuries/illnesses that resulted in a fatality, days away from work, restricted work, or transfer to another job (DART) (see [29 CFR 1904.7\(b\)\(2\)-\(4\)](#) for details on exclusions). Recordable injuries/illnesses include, but are not limited to, injuries/illnesses that resulted in medical treatment beyond first aid, a loss of consciousness, or results in a significant injury or illness diagnosed by a physician or other licensed health care professional.
- B. **Number Of Contractor Employee Recordable Non-DART Injuries/Illnesses (Section B):** The number of all recordable injuries/illnesses of contractor employees by category and calendar quarter as defined in 29 CFR 1904 excluding recordable injuries/illnesses that resulted in a fatality, days away from work, restricted work, or transfer to another job (DART) (see [29 CFR 1904.7\(b\)\(2\)-\(4\)](#) for details on exclusions). Recordable injuries/illnesses include, but are not limited to, injuries/illnesses that resulted in medical treatment beyond first aid, a loss of consciousness, or results in a significant injury or illness diagnosed by a physician or other licensed health care professional.
- C. **Number of Company Employee DART Injuries/Illnesses (Section C):** The number of recordable injuries/illnesses of company employees by category and calendar quarter which resulted in days away from work, restricted work, or transfer to another job (DART), as described in [29 CFR 1904.7\(b\)\(3\) and \(4\)](#). Do not include recordable injuries/illnesses which resulted in a fatality as described in [29 CFR 1904.7\(b\)\(2\)](#).
- D. **Number of Contractor Employee DART Injuries/Illnesses (Section D):** The number of recordable injuries/illnesses of contractor employees by category and calendar quarter which resulted in days away from work, restricted work, or transfer to another job (DART), as described in [29 CFR 1904.7\(b\)\(3\) and \(4\)](#). Do not include recordable injuries/illnesses which resulted in a fatality as described in [29 CFR 1904.7\(b\)\(2\)](#).

Note: The data fields in this section are mutually exclusive – there should be no overlap of illness or injury incidents in this section.

### 3. Work Hours

The four columns in this section represent the major types of renewable operations represented on the outer continental shelf. Please contact [renewableenergy@bsee.gov](mailto:renewableenergy@bsee.gov) if you need help determining which category for any type of operation.

Sections A and B are for reporting hours worked by company and contractor employees, respectively. **Include actual hours for employees working offshore** during each quarter of the calendar year on the OCS by category (site assessment, construction, energy production and maintenance, and decommissioning and removal).

Include transportation hours worked offshore (e.g., pilot hours, employees being transferred from base to facility and back, transportation of materials / equipment / supplies). Do not include hours for which the employee is off work or sleeping. Additional information on calculating hours worked is contained in the instructions for filling out BLS's Survey of Occupational Injuries and Illnesses.<sup>3</sup>

Input all the following information for each major type of renewable operation:

- A. **Number of Company Employee Hours Worked (Section A):** By category and calendar year quarter, enter the number of hours worked by company employees.
- B. **Number of Contractor Employee Hours Worked (Section B):** By category and calendar year quarter, enter the number of hours worked by contractor employees.

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<sup>3</sup> See <https://www.bls.gov/respondents/iif/forms.htm> for the most recent form. For reference, the 2023 form number was BLS-9300 N06.