



INCIDENT REPORT - ENVIRONMENTAL

INCIDENT SUMMARY

Originator: _____	REPORTED BY
Incident Name: _____	Surname: _____
Date Occurred: _____ Job Number: _____	First Name: _____
Site: _____	Supervisor: _____
Shift Start: _____ Time Occurred: _____	

Actual Severity:	Contained	Not Contained
	Contained — spread of impact is prevented / limited	Not Contained — spread of impact is unrestricted

Potential Severity:	Low	Medium	High	Catastrophic
	Low — Minor, temporary disturbance rectified easily and immediately	Medium — Temporary visible loss of flora and fauna disturbance rectified in 7 days	High — Temporary severe but reparable. Pollution reaches surface water bodies or storm water. Breach of applicable regulation. Temporary loss of flora and fauna - multiple species. Disturbance rectified in one month.	Catastrophic — Permanent and irreparable impact on the environment with impact to local community. Contamination of water or air. Risk of environmental contamination.

Asset Number: _____
Location: _____
Management Notified: Yes No
Details: _____
Procedure Followed: _____
WITNESSES: Witness 1 _____ Witness 2 _____
Witness 3 _____ Witness 4 _____

Authorities Notified:	Police	Fire	Ambulance	EPA/DECC	Workcover
Date Notified: _____	Time Notified: _____	Who Notified: _____			
Advice Received: _____					

Client Notified:	Yes	No	Who: _____
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CORRECTIVE ACTION

Classification:	Training	Documentation	Supervision	Malfunction	Environment	Process
	Training	— <i>Inadequate training or awareness of responsibility</i>				
	Documentation	— <i>Inadequate documentation</i>				
	Supervision	— <i>Inadequate supervision / QA</i>				
	Malfunction	— <i>Equipment malfunction</i>				
	Environment	— <i>Unsuitable work environment</i>				
	Process	— <i>Process / System failure</i>				
Solution:						
Employee: _____						Due Date: _____