

PART A

Report to Environmental Incident Hotline

LOCATION OF INCIDENT



Recent changes to Part 5.7 of the *Protection of the Environment Operations Act 1997* (POEO Act) specify new requirements relating to the notification of pollution incidents. For more information see www.environment.nsw.gov.au/pollution/notificationprotocol.htm

Project Facility Activity Location/Name:

STREET NUMBER STREET NAME

SUBURB NEAREST CROSS STREET

WHERE DID THE INCIDENT OCCUR

SECTION/UNIT RESPONSIBLE FOR THE SITE

Sewage

- break in mains
- pumping station (sewage or chemical)
- sewage treatment plant
- other (ponds etc)

Waste

- waste from Council project/facility/activity
- dumped waste
- asbestos only

General

- spill/overflow (chemical, fuel, substance etc)
- additional detail required below
- vegetation - disturbance / damage
- general - (heritage, water, wildlife etc)
- other

Cause

- blockage
- mechanical failure
- electrical failure or power outage
- rainfall inundation
- trade waste incident
- break in main
- other

DESCRIPTION OF INCIDENT

ACTION TAKEN TO CONTAIN / MANAGE THE INCIDENT

Were photos taken: YES NO Were samples taken: YES NO

DETAILS OF PERSON REPORTING THE INCIDENT

NAME DATE

PHONE MOBILE

DEPARTMENT SECTION

PART B

Report to Environmental Incident Hotline INVESTIGATION



The appropriate Section Supervisor/Manager is responsible for completion of Part B of the incident report.

IMMEDIATE ACTION BY SUPERVISOR/MANAGER

Will the incident:

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|
| 1. Require assistance from other agencies to contain, isolate or cleanup?
If "Yes" call 000 immediately. | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT SURE <input type="checkbox"/> |
| 2. Pose any actual or potential harm to human health that is not trivial?
• Is it located within 100m of a school, childcare centre, aged care home?
• Could it impact on users of public areas such as ovals, reserves, waterways?
• Could the impact spread and potentially harm occupants of nearby properties? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT SURE <input type="checkbox"/> |
| 3. Pose any actual or potential harm to ecosystems that is not trivial?
• Could the incident flow / impact on a water body or drainage system?
• Could the incident flow / impact on environmentally sensitive land? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT SURE <input type="checkbox"/> |
| 4. Result in actual or potential loss or property damage of an amount over \$10,000? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | NOT SURE <input type="checkbox"/> |

If you answered 'YES' to any of the above then the incident should be considered as a notifiable "pollution event". There is a **duty to notify** the EPA, Ministry of Health, WorkCover and Fire and Rescue NSW immediately after becoming aware of a pollution incidents where material harm is caused or threatened. Failure to do so is an offence (*Protection of the Environment Operations Act 1997*)

AGENCY NOTIFICATIONS

If the incident does not require an initial combat agency, or once the 000 call has been made, notify the relevant authorities in the following order.

NSW EPA (EPA Environment Line: 131 555)

Contacted: YES NO Reason not contacted:

NAME OF EPA REPRESENTATIVE	TIME AND DATE	EPA REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACTIONS REQUIRED BY EPA

NSW Health – Local Public Health Unit (See www.health.nsw.gov.au/publichealth/infectious/plus.asp)

Contacted: YES NO Reason not contacted:

NAME OF PHU REPRESENTATIVE	TIME AND DATE	PHU REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACTIONS REQUIRED BY LOCAL PHU

WorkCover Authority (WorkCover: 13 10 50)

Contacted: YES NO Reason not contacted:

NAME OF WORKCOVER REPRESENTATIVE	TIME AND DATE	WORKCOVER REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACTIONS REQUIRED BY WORKCOVER

Fire & Rescue NSW (Emergency Hotline: 000)

Contacted: YES NO Reason not contacted:

NAME OF FIRE & RESCUE REPRESENTATIVE	TIME AND DATE	FIRE & RESCUE REFERENCE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

ACTIONS REQUIRED BY FIRE & RESCUE

CONTINUES ON REVERSE

