

**Appendix A11
Environmental Incident Report Form**



ENVIRONMENTAL INCIDENT REPORT

Date of Incident	Time of Incident		
TYPE OF INCIDENT			
<input type="checkbox"/> Fuel spill	<input type="checkbox"/> Chemical spill	<input type="checkbox"/> Water release (muddy, contaminated)	<input type="checkbox"/> Breach of license conditions
<input type="checkbox"/> Uncontrolled air emission	<input type="checkbox"/> Management of Wastes	<input type="checkbox"/> Fire explosion	<input type="checkbox"/> Excessive vegetation clearance or damage
<input type="checkbox"/> Damage to cultural heritage items/ area	<input type="checkbox"/> Excessive noise	<input type="checkbox"/> Protected vegetation damage	<input type="checkbox"/> Fauna injury
<input type="checkbox"/> Near miss			
Notify PowerServe Pty. Ltd Management	Yes No		
Notify AGL	Yes No		
Notify external authorities	Yes No		
TYPE OF IMPACT			
<input type="checkbox"/> General environmental and social effects (to be used where other categories do not apply)			
<input type="checkbox"/> Controlled and uncontrolled discharges to water			
<input type="checkbox"/> Contamination of land			
<input type="checkbox"/> Controlled and uncontrolled emissions to atmosphere			
<input type="checkbox"/> Noise, dust, vibration and odour			
<input type="checkbox"/> Solids and other wastes			
<input type="checkbox"/> Effects on the natural environment			
<input type="checkbox"/> Archaeological, heritage or cultural Issues			
<input type="checkbox"/> Use of land, water, fuels and energy, and other natural resources			
<input type="checkbox"/> Legal			
<input type="checkbox"/> Public/ media			
<input type="checkbox"/> Total Cost (\$) – fines, remedial action, lost time, legal costs, liabilities, etc			
NUMBER OF PEOPLE AFFECTED BY THE INCIDENT			
PowerServe Pty. Ltd Employees:		General Public:	
Subcontractors:		Adjacent Property Owners:	
Trespassers:		Others:	
DETAILS OF INCIDENT			
How it occurred:			

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Containment:		
Cleanup information:		
Other details:		
Were the Police or Emergency Services Involved? Yes No		
If yes, give details:		
CLASSIFICATION OF INCIDENT		
Level 1 – High Severity	Level 2 – Medium Severity	Level 3 – Low Severity
Work Improvement Notice Issued?	Yes No	
Rectification/ Rehabilitation required?	Yes No	
Training/ Re-training required?	Yes No	
COST OF INCIDENT		
Investigation costs	\$	
Monitoring costs	\$	
Remediation costs	\$	
Lost time	\$	
Legal costs	\$	
Fines	\$	
Disposal costs	\$	
Training costs	\$	
Other liabilities	\$	
Liaison with Authorities	\$	
Total	\$	

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INCIDENT INVESTIGATION DETAILS			
Incident investigation undertaken?	Yes	No	
Witness names and contact details provided?	Yes	No	
Details of preventative action taken:			
COMPLETED BY			
Name	Signature	Position	Date