

## FORM D

### ENVIRONMENTAL INCIDENT REPORT FORM

This form is to be forwarded to North Queensland Airports (NQA) Environment Services within 48hrs of an environmental incident.

**Note:** This form is not intended to replace other organisations' internal reporting procedures.

#### IMMEDIATELY CONTACT:

**CAIRNS - Apron Co-ordinator**

**40806 744 or steno 400**

**MACKAY- Duty Safety Officer**

**0418 570 233 or After Hours 0407 570 208**

#### FORWARD REPORT TO:

NQA Environment Services

Cairns Airport Pty Ltd

PO Box 57 AAC Cairns Airport QLD 4870

Ph: 4080 6792 Fax: 4080 6704

[environment@cairnsairport.com.au](mailto:environment@cairnsairport.com.au)

#### Section 1. GENERAL DETAILS

**Date:**

**Time:**        am / pm

**Airport:** Cairns ☐ Mackay ☐

**Airport Location:**

**Reported By:**

**Name:**

**Position:**

**Company:**

**Phone:**

#### Section 2. RESPONSIBLE PARTIES

**Name:**

**Phone:**

**Company Name:**

**Email:**

#### Witness Details (if applicable)

**Name:**

**Phone:**

**Witness Statement Taken?** ☐ Yes ☐ No

[\\*Click here for Statement Template\\*](#)

Document Owner: Environment Services		Authorised By: Environment Manager		
Doc. Id: FRM 014.2	Rev No.: 3	Date Of Issue: 31/05/11	Date Printed:	Page 1 of 4
Name: Environmental Incident Report Form (Form D)				

Section 3. INCIDENT DETAILS	
<b>Type of Incident:</b> <input type="checkbox"/> Spill (Complete Section 4) <input type="checkbox"/> Waste/rubbish <input type="checkbox"/> Wildlife disturbance/injury <input type="checkbox"/> Vegetation disturbance/damage <input type="checkbox"/> Acid Sulphate Soils disturbance	<input type="checkbox"/> Cultural Heritage disturbance/damage <input type="checkbox"/> Chemicals / herbicide Use <input type="checkbox"/> Water pollution/contamination <input type="checkbox"/> Nuisance (noise, air quality) <input type="checkbox"/> Other:
<b>Incident Description</b>	
<b>Immediate Response Actions Taken:</b>	

Section 4. SPILL DETAILS	
<b>Spilled Material:</b>	<b>Quantity spilled (Litres):</b>
<b>Area affected (m2):</b>	<b>Total Response Time:</b>
<b>Safety Officer (ASO or DSO) time spent assisting clean-up:</b>	
<b>Surface Type:</b> <input type="checkbox"/> Asphalt/Bitumen <input type="checkbox"/> Concrete <input type="checkbox"/> Grass <input type="checkbox"/> Pavers <input type="checkbox"/> Gravel <input type="checkbox"/> Sand <input type="checkbox"/> Soil <input type="checkbox"/> Other	
<b>Did the spill go into a waterway?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Details i.e. Little Barron :</b>
<b>Was a CAPL/MAPL Spill Response Kit used?</b> <input type="checkbox"/> Yes (Complete Section 5) <input type="checkbox"/> No	

Section 5. CAPL/MAPL SPILL RESPONSE KITS (if applicable)
<b>Quantity Used i.e. 10kg absorbent material, 1 absorbent sock :</b>
<b>Was the contaminated waste placed into disposal bags?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was the bagged waste placed into the Disposal Bin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Section 6. CONTRIBUTING FACTORS AND PREVENTATIVE ACTIONS</b> (to be completed by Manager/Supervisor)			
<b>Cause, Circumstances and Contributing Factors:</b>			
<b>Measures that were in place to prevent this type of incident:</b>			
<b>Measures to be implemented to prevent/minimise this type of incident occurring again</b>			
<b>Manager / Supervisor General Comments</b>			
<b>Comments:</b>			
<b>Name:</b>		<b>Position:</b>	
<b>Company:</b>		<b>Signature:</b>	<b>Date:</b>

<b>Section 7. NQA ENVIRONMENT SERVICES OFFICE ONLY</b>	
<b>Assessed Level of Potential or Actual Harm:</b>	
<b>Is an Investigation Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Investigation Team:</b>
<b>FOLLOW UP ACTION:</b>	
<b>COMMENTS</b>	
<b>Name:</b>	<b>Position:</b>
<b>Signature:</b>	<b>Date:</b>