# Dangerous goods incident report form

This form is to be completed and lodged with Resources Resources Safety within 21 days of a *reportable* situation unless otherwise agreed with a Dangerous Goods Officer

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| 1. Incident operational category |
| [ ]  Storage and handling[ ]  Port | [ ]  Explosives[ ]  Security Sensitive Ammonium Nitrate | [ ]  Major hazard facility (MHF)[ ]  Transport – road and rail | [ ]  Pipeline |

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| 2. Incident location and time/date |
| **Date** (use DD/MM/YYYY)Click here to enter text. | **Time** (use 24-hour clock)Click here to enter text. |
| **Incident location -** street address or geographical coordinates (GPS location). For transport or pipeline incidents, describe which section of road / rail / pipeline. Click here to enter text. |

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| 3. Owner / operator / consignor / contractor details |
| Name of ownerClick here to enter text. |
| Address of ownerClick here to enter text. |
| Name of operatorClick here to enter text. |
| Address of operatorClick here to enter text. |
| **Transport incidents** |
| Consignor nameClick here to enter text. |
| Consignor addressClick here to enter text. |
| Prime contractor nameClick here to enter text. |
| Prime contractor addressClick here to enter text. |

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| 4. Licence / permit details |
| Dangerous goods / explosives driver licence no.Click here to enter text. | Dangerous goods / explosives transport licence no.Click here to enter text. |
| Dangerous goods site licence no.Click here to enter text. | Explosives / security risk substances licence / fireworks permit no.Click here to enter text. |

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| 5. Activity |
| [ ]  Loading / unloading[ ]  Transport / enroute | [ ]  Manufacture / processing[ ]  Use | [ ]  Pipeline transfer[ ]  Display | [ ]  Static / stored[ ]  Other: Click here to enter text. |

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| 6. Incident type (select all that apply) |
| [ ]  BLEVE – boiling liquid expanding vapour explosion[ ]  Explosion[ ]  Fire[ ]  Lifting / impact[ ]  Near miss | [ ]  No spill[ ]  Overpressure[ ]  Reaction[ ]  Sabotage / vandalism[ ]  Spill | [ ]  SSAN or explosives – unauthorised access[ ]  SSAN or explosives – unexplained loss[ ]  Theft[ ]  Vapour release[ ]  Other Click here to enter text. |

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| 7. Severity |
| [ ]  Catastrophic | [ ]  Major | [ ]  Significant | [ ]  Moderate | [ ]  Minor |

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| 8. Main causes (immediate casual factors; select up to three major causes) |
| [ ]  Chime failure[ ]  Closure[ ]  Corrosion[ ]  Defective fitting | [ ]  Incompatible goods[ ]  Incorrect handling[ ]  Procedural error[ ]  Puncture | [ ]  Seam failure[ ]  Tear or abrasion[ ]  Training, lack of[ ]  Valve failure | [ ]  Vehicle incident (collision, rollover, loss of load)[ ]  Vent faulty/failure[ ]  Weld | [ ]  Other Click here to enter text. |

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| 9.Description of goods involved |
| **Product name** (proper shipping name) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **UN no.** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Class or Division** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Compatibility group (explosives only)** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Quantity present** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Quantity involved** | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Container details** (e.g. packages, bulk loose solids, bulk solids container, intermediate bulk container, process vessel, ISO tank, tanker, transportable tank, pipeline) | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| If more than 3 DGs are involved, attach manifest or transport document. |

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| 10.Site details (dangerous goods storage and handling, explosives, security risk substances, MHF incidents only) |
| [ ]  Bulk depot / terminal[ ]  Construction site[ ]  Dwelling[ ]  Explosives manufacturing plant[ ]  Explosives packing plant | [ ]  Farm / rural property[ ]  Fireworks display[ ]  Hospital[ ]  Mine site[ ]  Office | [ ]  Process / chemical plant[ ]  Rail yard[ ]  School[ ]  Service station[ ]  Shop / retail outlet | [ ]  Transport depot[ ]  Warehouse / factory[ ]  Water treatment plant[ ]  Wharf / jetty / dock[ ]  Other: Click here to enter text. |

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| 11. Transport details (transport incidents or port incidents involving a vehicle) |
| Name of driverClick here to enter text. | DoT Drivers Licence no.Click here to enter text. |
| AddressClick here to enter text. |
| Driver is [ ]  Employee [ ] Contractor  | Estimated speed at time of incident: kmph |
| Vehicle registration no./s | 1. Click here to enter text. | 2. Click here to enter text. | 3. Click here to enter text. | 4. Click here to enter text. |
| Vehicle type | [ ]  Freight container[ ]  Dumper | [ ]  Hopper[ ]  Pantechnicon | [ ]  Skeletal[ ]  Tanker | [ ]  Tautliner[ ]  Tray top |
| Vehicle configuration | [ ]  B-double[ ]  Rigid | [ ]  Road train – no. of trailers Click here to enter text.[ ]  Semi-trailer/articulated | [ ]  Trailer[ ]  Other: Click here to enter text. |

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| 12. Consequences of incident |
| No. of fatalitiesClick here to enter text. | No. of fatalities resulting directly from goodsClick here to enter text. |
| No. of injured / hospitalisedClick here to enter text. | Description of injuries resulting directly from goodsClick here to enter text. |
| No. of people evacuatedClick here to enter text. | Size of area evacuated (e.g. 300 m radius from incident site, area 500 m x 2 km downwind of incident site)Click here to enter text. |
| Road closures – details of road sections closed and duration of closureClick here to enter text. |
| Environmental damage – details Click here to enter text. |
| Estimated costs of incidentClick here to enter text. | Property damage $ Click here to enter text.Recovery costs $ Click here to enter text.Environmental cleanup costs $ Click here to enter text. | Total manhours: Click here to enter text. |

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| 13. Incident summary (not more than 25 words) |
| Click here to enter text. |

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| 14. Full incident description (include events leading up to and after the incident; attach diagrams or additional pages if required) |
| Click here to enter text. |

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| 15. Incident response actions (detail immediate measures taken to control damage / spill / fire / explosion and make area safe) |
| Click here to enter text. |

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| 16. Root causes / contributing factors |
| Methodology used to investigate:[ ]  ICAM [ ]  TapRoot® [ ]  Other. Click here to enter text. |
| Click here to enter text. |

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| 17. What actions taken to prevent recurrence |
| Click here to enter text. |

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| 18. Details and certification of person completing this report |
| Name Click here to enter text. |
| Position Click here to enter text. |
| Address Click here to enter text. |
| Phone no. Click here to enter text. | Fax no. Click here to enter text. | Email. Click here to enter text. |
| I certify that the information supplied in this incident report is accurate to the best of my knowledge |
| Name of person completeing report Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Click here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 19. Details of witness(s) to incident |
| Name Click here to enter text. |
| Address Click here to enter text. |
| Phone no. Click here to enter text. | Fax no. Click here to enter text. | Email. Click here to enter text. |
| Name Click here to enter text. |
| Address Click here to enter text. |
| Phone no. Click here to enter text. | Fax no. Click here to enter text. | Email. Click here to enter text. |
| Name Click here to enter text. |
| Address Click here to enter text. |
| Phone no. Click here to enter text. | Fax no. Click here to enter text. | Email. Click here to enter text. |