

# ENVIRONMENTAL INCIDENT AND COMPLIANT REPORT

## 1.0 Project Details

Project Name:		Project Manager :	
Project Address:		Site Foreman:	

## 2.0 Complainant Details

Title:	Family Name:	First Name :	
Email:	Phone (w):	Phone(h):	Phone (m):
Company:		Position:	
<input type="checkbox"/> Worker	<input type="checkbox"/> Sub-Contractor	<input type="checkbox"/> Visitor	<input type="checkbox"/> Other:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male			
Residential address:			

## 3.0 Incident / Compliant Details

<b>Tick one box only</b>	<input type="checkbox"/> Incident with significant consequence Only			<input type="checkbox"/> Incident with minor consequence	<input type="checkbox"/> Compliant
	(Refer 6.0 Risk Rating)				
Date incident / compliant occurred:        /    /		Time of Incident:                                  am/pm			
Date incident reported:        /    /		To whom was the incident first reported:			
Incident location: <input type="checkbox"/> On site <input type="checkbox"/> Off site <input type="checkbox"/> On journey to or from work					
Describe location of incident as follows :					
Names and contact details of any witnesses:					
Describe how the incident occurred and any contributing factors:					

## Proline Building Commercial Pty Ltd

Was an Environmental procedure or SWMS used? ☐ Yes ☐ No :

**(Provide name of procedure utilised or copy of SWMS)**

Attach additional information if space insufficient including sketches and photographs.

Describe the immediate remedial actions taken:

### 4.0 Type of Incident / Complaint

Hazard / Incident Type (Tick Box)			
	Air quality, release of dust		Air quality – release of gas
	Spill (including fuel, waste materials or other polluting substance on hard surface)		Spill (including fuel, waste materials or other polluting substance on hard surface) Contamination water discharge
	Erosion and sedimentation incident		Noise emission / Compliant
	Unauthorised / accidental damage to heritage item		Unauthorised / accidental removal or harm to vegetation
	Traffic hazard, e.g. pedestrian, vehicle Plant and equipment hazard		Waste Disposal
Nature of Environmental Impact or Potential Impacts			
	Contamination of Land		Disturbance of Cultural Heritage
	Atmospheric Pollution		Non Compliance
	Rework		Additional Cost
	Spread of pests/weeds		Contamination of surface water
	Depletion of natural resource		Contamination of ground water
	Loss of habitat		Damage to plant & equipment / property
	Change to visual amenity		Other:

### 5.0 Immediate incident management response

<input type="checkbox"/> Systems Manager notified	<input type="checkbox"/> Project Manager notified	<input type="checkbox"/> Managing Director notified	<input type="checkbox"/> General Manager notified
<input type="checkbox"/> Other			
<input type="checkbox"/> Notifiable Incident to DECC Complaint	<input type="checkbox"/> Significant Incident /Compliant	<input type="checkbox"/> Non Significant Incident /	

(Refer 6.0 Risk Rating)

## 6.0 Risk rating

The risk rating of an incident based in a combination of Consequence and likelihood. Please complete the following table by referring to the Environmental Management System. Circle one option only in each section below.			
Likelihood L1 L2 L3	Consequence C1 C2 C3	Risk Rating	Low Medium High
Environmental aspects with a <i>Very High, High or Medium</i> risk are considered to be <i>significant</i> , that is, they have or can have a significant environmental impact			

## 7.0 Corrective Action Plan

Cause / Reason for Incident:			
Complete the following Corrective Action Plan using the following Hierarchy of Risk Controls. Give priority to eliminating the hazard.			
1. Eliminate    2. Substitute    3. Engineering control    4. Administrative Control    5. Personal protective Equipment			
Actions recommended to be taken	By Whom	By When	Reviewed For Effectiveness
A.			
B.			
C.			
D.			
Environmental Alert Required to be Issued <input type="checkbox"/> Yes <input type="checkbox"/> No			

## 8.0 Signature

I approve the release of the information in this form to approved authorities, which may include legal representatives, employee associations, insurance companies, medical practitioners and DECC.	
Name:	Contact Phone number:
Signature:	Date:        /        /

## Privacy Statement

<p>The personal information you provide on this form is protected by the NSW Privacy and Personal Information Protection Act 1998.</p> <p>Access to the information you provide is only available to those persons authorised to access the information in the course of their duties to Proline Building Commercial Pty Ltd.</p>
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## Send copies to:

<ol style="list-style-type: none"> <li>1. Send original report to Systems Manager</li> <li>2. Retain a copy in your Incident/ Accident Register</li> </ol>
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