# 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 owner  Click here to enter text. |
| Address of owner  Click here to enter text. |
| Name of operator  Click here to enter text. |
| Address of operator  Click here to enter text. |
| **Transport incidents** |
| Consignor name  Click here to enter text. |
| Consignor address  Click here to enter text. |
| Prime contractor name  Click here to enter text. |
| Prime contractor address  Click 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 driver  Click here to enter text. | | | DoT Drivers Licence no.  Click here to enter text. | | |
| Address  Click 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 fatalities  Click here to enter text. | | No. of fatalities resulting directly from goods  Click here to enter text. | |
| No. of injured / hospitalised  Click here to enter text. | | Description of injuries resulting directly from goods  Click here to enter text. | |
| No. of people evacuated  Click 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 closure  Click here to enter text. | | | |
| Environmental damage – details  Click here to enter text. | | | |
| Estimated costs of incident  Click 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. |