

File Number	Incident Number
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OFFICE USE ONLY



Government of Western Australia
Department of Mines and Petroleum
Resources Safety

Level 1, 303 Sevenoaks St (cnr Grose Ave) Cannington WA 6107
 Postal address: 100 Plain Street, East Perth WA 6004
 Telephone: (08) 9358 8002 Facsimile: (08) 9358 8000
 dgsb@dmp.wa.gov.au

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

1. Incident operational category

<input type="checkbox"/> Storage and handling	<input type="checkbox"/> Explosives	<input type="checkbox"/> Major hazard facility (MHF)	<input type="checkbox"/> Pipeline
<input type="checkbox"/> Port	<input type="checkbox"/> Security risk substances (SRS)	<input type="checkbox"/> Transport – road and rail	

2. Incident location and time/date

Date (use DD/MM/YYYY)	Time (use 24-hour clock)
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Incident location - street address or geographical coordinates (GPS location). For transport or pipeline incidents, describe which section of road / rail / pipeline.

3. Owner / operator / consignor / contractor details

Name of owner
Address of owner
Name of operator
Address of operator
Transport incidents
Consignor name
Consignor address
Prime contractor name
Prime contractor address

4. Licence / permit details

Dangerous goods / explosives driver licence no.	Dangerous goods / explosives vehicle licence no.
Dangerous goods site licence no.	Explosives / SRS licence / permit no.

5. Activity

<input type="checkbox"/> Loading / unloading	<input type="checkbox"/> Manufacture / processing	<input type="checkbox"/> Pipeline transfer	<input type="checkbox"/> Static / stored
<input type="checkbox"/> Transport / enroute	<input type="checkbox"/> Use		

6. Incident type (select more than one if necessary)

- | | | |
|--|---|--|
| <input type="checkbox"/> BLEVE – boiling liquid expanding vapour explosion | <input type="checkbox"/> No spill | <input type="checkbox"/> Spill |
| <input type="checkbox"/> Explosion | <input type="checkbox"/> Overpressure | <input type="checkbox"/> SRS or explosives – unauthorised access |
| <input type="checkbox"/> Fire | <input type="checkbox"/> Reaction | <input type="checkbox"/> SRS or explosives – unexplained loss |
| <input type="checkbox"/> Lifting / impact | <input type="checkbox"/> Release of energy | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Near miss | <input type="checkbox"/> Sabotage / vandalism | <input type="checkbox"/> Vapour release |

7. Severity

- Catastrophic
 Major
 Significant
 Moderate
 Minor

8. Main causes (immediate casual factors; select up to three major causes)

- | | | | | |
|--|---|---|--|--------------------------------------|
| <input type="checkbox"/> Chime failure | <input type="checkbox"/> Fitting defective | <input type="checkbox"/> Puncture | <input type="checkbox"/> Valve failure | <input type="checkbox"/> Vent faulty |
| <input type="checkbox"/> Closure | <input type="checkbox"/> Incompatible goods | <input type="checkbox"/> Seam failure | <input type="checkbox"/> Vehicle incident
(collision, rollover, loss of load) | <input type="checkbox"/> Weld |
| <input type="checkbox"/> Corrosion | <input type="checkbox"/> Incorrect handling | <input type="checkbox"/> Tear or abrasion | | |

9. Description of goods involved

Product name (proper shipping name)			
UN no.			
Class or Division			
Compatibility group (explosives only)			
Quantity present			
Quantity involved			
Container details (e.g. packages, bulk loose solids, bulk solids container, intermediate bulk container, process vessel, ISO tank, tanker, transportable tank, pipeline)			

10. Site details (dangerous goods storage and handling, explosives, SRS, MHF incidents only)

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Bulk depot / terminal | <input type="checkbox"/> Farm / rural property | <input type="checkbox"/> Process / chemical plant | <input type="checkbox"/> Transport depot |
| <input type="checkbox"/> Construction site | <input type="checkbox"/> Fireworks display | <input type="checkbox"/> Rail yard | <input type="checkbox"/> Warehouse / factory |
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Hospital | <input type="checkbox"/> School | <input type="checkbox"/> Water treatment plant |
| <input type="checkbox"/> Explosives manufacturing plant | <input type="checkbox"/> Mine site | <input type="checkbox"/> Service station | <input type="checkbox"/> Wharf / jetty / dock |
| <input type="checkbox"/> Explosives packing plant | <input type="checkbox"/> Office | <input type="checkbox"/> Shop / retail outlet | <input type="checkbox"/> Other: _____ |

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

16. Root causes / contributing factors

17. Actions taken to prevent recurrence

18. Details and certification of person completing this report

Name		
Position		
Address		
Phone no.	Fax no.	Email

I certify that the information supplied in this incident report is accurate to the best of my knowledge

Signature	Date
_____	_____

19. Details of witness to incident

Name		
Address		
Phone no.	Fax no.	Email