|  |  |  |  |
| --- | --- | --- | --- |
| **OPERATOR:** |  | **PERMIT / TITLE:** |  |
| **ENVIRONMENT PLAN:** |  | **EARS ID:** |  |
| **FACILITY:** |  | **LOCATION:** |  |
| **CONTACT PERSON:** |  | **CONTACT PHONE:** |  |
| **CONTACT EMAIL:** |  | **REPORTING PERIOD:** |  |
| **SUMMARY OF ACTIVITIES UNDERTAKEN:** |  |
| **Please check the following boxes if applicable to this report.**  |
| **NIL INCIDENT REPORT**  | **□** | **FINAL REPORT FOR THIS ACTIVITY** (i.e. the activity is now complete) | **□** |
| Note: Reporting must continue until all activities described within the Environment Plan have been completed (i.e. closure of rehabilitation criteria)  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Incident****date**  | **EARS ID** | **Location (including permit / licence)** | **All material facts and circumstances** | **Gas volume (m3)****Liquid volume (L)Area impacted (m2)** | **Performance objective(s) and/or standard(s) breached** | **Immediate action taken** | **Corrective action taken to prevent recurrence** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT IS RELEVANT TO THIS REPORT WHERE APPROPRIATE**