File number: OFFICE USE ONLY
Incident number: OFFICE USE ONLY

Dangerous goods incident report form

The *Dangerous Goods Safety Act 2004* (the Act) and subsidiary dangerous goods safety regulations require certain situations to be reported or notified to the Chief Officer or a dangerous goods officer (DGO) at the Department of Energy, Mines, Industry Regulation and Safety (the department).

For the purposes of this form, the term 'incident' refers to all situations that must be reported or notified to the department, including unexplained loss of security sensitive ammonium nitrate (SSAN).

The person responsible for a reportable situation, or responsible for the dangerous goods involved in a dangerous goods incident, must report the situation to a DGO as soon as reasonably practicable. This initial report should be made by phone call or email before completing this form.

This form should be completed and lodged with Dangerous Goods Safety within 21 days of an incident, unless otherwise agreed with a DGO. Forms can be lodged via email or post.

To report an incident, lodge this form, or make an enquiry:

Telephone: (08) 6251 2300 (weekdays, 8.30 am to 4.30 pm)

WorkSafe incident line: 1800 678 198 (after hours)
Email: dgsb@demirs.wa.gov.au

Postal address: Locked Bag 100, East Perth WA 6892

Incident reference number

Operator's internal incident reference number (if applicable)	

Contact details

1. Details of person completing this report
Full name
Position and company
Phone number
Email

2. Operator and contractor details	
Storage and handling incidents	
Name of operator	
Address of operator	
Transport incidents	
Name of driver	
Driver's licence number	Issuing State or Territory
Driver's employer	
Prime contractor name	
Prime contractor address	

List of flatfles for each perso	in who had control and manage	inent of explosives, and their explo	sives licerice or permit details
3. Licence and permit deta	ils		
Details of all relevant licence	es or permits issued under the c	langerous goods legislation	
4 Transport details (for tra	ansport incidents or port incid	dents involving a vehicle)	
		ation, and registration type of each	vehicle in the combination
Details of Involved verticles,	micialing combination compare	allon, and registration type of each	venicle in the combination
Incident details			
5. Incident date and time			
Date of incident		Time of incident	
6. Incident location			
	ilable geographical coordinates	(GPS location) of the incident loca	tion
		of road, rail or pipeline where the i	
For storage and handling	g incidents, include a descriptio	on or site plan indicating where at th	ne site the incident occurred
7. Description of dangerou	us goods involved		
If more than 3 dangerous go	oods are involved, attach manife	est or transport document	
Product or trade name			
Proper shipping name			
UN no.			
Class or division			
Compatibility group (explosives only)			
Quantity present			
Quantity involved			
Manner stored or handled (e.g. packages, bulk loose solids, transportable tank, pipeline, process vessel)			
Additional information (if applicable)			

Explosives incidents

8. Incident description
Attach images, diagrams or additional pages if required
Brief summary of incident (25 words or less)
Description of events leading up to the incident (including environmental conditions burger feature etc.)
Description of events leading up to the incident (including environmental conditions, human factors, etc.)
Description of the incident
Details of any injuries, deaths, hospitalisations or other harm to people; damage or harm to property or environment; evacuation of people from the incident site or adjacent places resulting from the incident
Description of the risk to people, property or the environment resulting from the incident (if there was no injury, harm or damage to people, property, or the environment)
The following information is non-vived for transport incidents
The following information is required for transport incidents What the driver helicyce to be the likely course of the incident
What the driver believes to be the likely cause of the incident
What the prime contractor or rail operator believes to be the likely cause of the incident

Post-incident actions and investigation 9. Incident response actions Details of the measures taken to control the incident, make safe and manage the dangerous goods involved

10. Investigation findings and outcomes
This information may be provided via the incident investigation report once completed
Methodology used to investigate the incident
Identified causes and contributing factors of the incident
Actions taken to prevent recurrence of a similar incident (including anticipated time frame for actions not yet complete)

Note: Providing false or misleading information in relation to an incident report may constitute an offence with potential penalties

of \$10,000 for an individual and \$50,000 for a body corporate, and imprisonment for 10 months

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

Name of person completing report

Declaration

Description of events following the incident

Date