# 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 Bag100, East Perth WA 6892

## Incident reference number

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| *Operator’s internal incident reference number (if applicable)* |
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## Contact details

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

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| **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  |
| **Explosives incidents** |
| *List of names for each person who had control and management of explosives, and their explosives licence or permit details* |
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| **3. Licence and permit details** |
| *Details of all relevant licences or permits issued under the dangerous goods legislation* |
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| **4. Transport details (for transport incidents or port incidents involving a vehicle)** |
| *Details of involved vehicles, including combination configuration, and registration type of each vehicle in the combination* |
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## Incident details

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| **5. Incident date and time** |
| Date of incident  | Time of incident  |

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| **6. Incident location** |
| *Street address, or if not available, geographical coordinates (GPS location) of the incident location** *For transport or pipeline incidents, describe the section of road, rail or pipeline where the incident occurred*
* *For storage and handling incidents, include a description or site plan indicating where at the site the incident occurred*
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| **7. Description of dangerous goods involved** |
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| *If more than 3 dangerous goods are involved, attach manifest 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) |   |   |   |

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| **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, 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)  |

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| **The following information is required for transport incidents** |
| 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

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| **9. Incident response actions**  |
| Details of the measures taken to control the incident, make safe and manage the dangerous goods involved  |
| Description of events following the incident  |

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| **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)  |

## Declaration

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| *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* |
| [ ]  I certify that the information supplied in this incident report is accurate to the best of my knowledge  |
| Name of person completing report  | Date  |