**FORM D**

**ENVIRONMENTAL INCIDENT REPORT FORM**

This form is to be forwarded to North Queensland Airports (NQA) Environment Services **within 48hrs** of an environmental incident.

**Note:** This form is not intended to replace other organisations’ internal reporting procedures.

**IMMEDIATELY CONTACT: CAIRNS - Airport Co-ordinator
40806 744 or steno 400**

 **MACKAY- Duty Safety Officer
0418 570 233 or After Hours 0407 570 208**

**IF CONTAMINATION OF WATERWAYS OCCURS ENVIRONMENT- Environment Manager**

 **0400 899 342**

**FORWARD REPORT FORM TO:** Environment Manager
environment@cairnsairport.com.au Cairns Airport Pty Ltd
PO Box 57 AAC Cairns Airport QLD 4870
Ph: 0400 899 342

**All relevant sections must be completed on this form. Incomplete forms will not be registered by NQA.**

|  |
| --- |
| ***Section 1. GENERAL DETAILS*** |
| **Date:**      **Time:       am / pm****Airport: Cairns [ ]  Mackay [ ]** **Airport Location:** | **Reported By:****Name:****Position:****Company:****Phone:** |

|  |
| --- |
| ***Section 2. RESPONSIBLE PARTIES*** |
| **Name:** | **Phone:** |
| **Company Name:** | **Email:** |
| ***Witness Details (if applicable)*** |
| **Name:** | **Phone:** |
| **Witness Statement Taken? [ ]  Yes [ ]  No** |

|  |
| --- |
| ***Section 3. INCIDENT DETAILS*** |
| **Type of Incident:** | **[ ]  Spill (Complete Section 4)****[ ]  Waste/rubbish (go to section 6)****[ ]  Wildlife disturbance/injury (go to section 6)****[ ]  Vegetation disturbance/damage (go to section 6)****[ ]  Acid Sulphate Soils disturbance (go to section 6)** | **[ ]  Cultural Heritage disturbance/damage (go to section 6)****[ ]  Chemicals / herbicide Use (go to section 6)****[ ]  Water pollution/contamination (go to section 6)****[ ]  Nuisance (noise, air quality) (go to section 6)****[ ]  Other:** |
| **Incident Description** |  |
| **Immediate Response Actions Taken:** |  |

|  |
| --- |
| ***Section 4. SPILL DETAILS***  |
| **Spilled Material:**  | **Quantity spilled (Litres):** |  |
| **Area affected (m2):**  | **Total Response Time:** |  |
| **Safety Officer (ASO or DSO) time spent assisting clean-up:** |  |
| **Surface Type:** | **[ ]  Asphalt/Bitumen****[ ]  Concrete** | **[ ]  Grass****[ ]  Pavers** | **[ ]  Gravel****[ ]  Sand** | **[ ]  Soil****[ ]  Other** |
| **Did the spill go into a waterway or drain?** | **[ ]  Yes – Contact Environmental Manager immediately 0400 899 342****[ ]  No** | **Details** *i.e. Little Barron***:**       |
| **Was a CAPL/MAPL Spill Response Kit used? [ ]  Yes (Complete Section 5) [ ]  No** |

|  |
| --- |
| ***Section 5. CAPL/MAPL SPILL RESPONSE KITS (if applicable)*** |
| **Quantity Used i.e. 10kg absorbent material, 1 absorbent sock :** |
| **Was the contaminated waste placed into disposal bags? [ ]  Yes [ ]  No** |
| **Was the bagged waste placed into the Disposal Bin? [ ]  Yes [ ]  No** |

|  |
| --- |
| ***Section 6. CONTRIBUTING FACTORS AND PREVENTATIVE ACTIONS******(to be completed by Manager/Supervisor)*** |
| **Cause, Circumstances and Contributing Factors:** |  |
| **Measures that were in place to prevent this type of incident:** |  |
| **Measures to be implemented to prevent/minimise this type of incident occurring again** |       |
| ***Manager / Supervisor General Comments*** |
| **Comments:** |  |
| **Name:**  | **Position:**  |
| **Company:**  | **Signature:** | **Date:** |

|  |
| --- |
| ***Section 7. NQA ENVIRONMENT OFFICE ONLY*** |
| **Assessed Level of Potential or Actual Harm:** |  |
| **Is an Investigation Required?** **[ ]  Yes** **[ ]  No** | **Investigation Team:**  |
| ***FOLLOW UP ACTION:*** |
|  |
| ***COMMENTS*** |
|  |
| **Name:** | **Position:** |
| **Signature:** | **Date:** |