

Use this form for **ALL** environmental, safety and quality incidents. The form may also be used to report concerns (potential incidents) and public complaints. **Immediately** report HSEQ Incidents to your supervisor. Send a copy of the report to the relevant team within 24 hours: OHS for safety; environment department or quality department. High and extreme risk incidents must also be copied to the relevant GM.

Remember: Take immediate temporary control to minimise the impact of the incident.

Classification of Incident (Type and Details)

Brief Title:		No:	
<input type="checkbox"/> Potential Incident (eg, near miss) <input type="checkbox"/> Property Damage <input type="checkbox"/> PTW Incident <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Journey <input type="checkbox"/> Fire			
Note: For Motor Vehicle Accidents the Motor Vehicle Accident Report Form (T-0680) must ALSO be completed			
<input type="checkbox"/> Environmental Incident <input type="checkbox"/> Quality Incident/Concern <input type="checkbox"/> Environmental Complaint <input type="checkbox"/> OHS Concern <input type="checkbox"/> Security			
<input type="checkbox"/> Regulatory Breach			
Reported by:		Workgroup Number:	
Responsible Supervisor:		Overhaul: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Incident Location: and KKS Code (if applicable)			Site:
Date incident occurred:	Time occurred:	Date incident reported:	Time reported:

Description of Incident / Potential Incident

Summary:

Procedure or JSEA used? No Yes ...Details:

Describe the sequence of events that led to the incident (attach notes/plans/photos as appropriate):

- 1)
- 2)
- 3)

Attachments (photos etc)

Hazard / Incident Agency

SAFETY	<input type="checkbox"/> Electrical (shock, failure)	<input type="checkbox"/> Objects Falling
<input type="checkbox"/> Machinery (plant, mechanical)	<input type="checkbox"/> Thermal (hot pipes etc.)	<input type="checkbox"/> Welding (Slag, Flash etc.)
<input type="checkbox"/> Windblown Dust	<input type="checkbox"/> Fumes/Chemicals	<input type="checkbox"/> Natural Event
<input type="checkbox"/> Fire	<input type="checkbox"/> Work environment	<input type="checkbox"/> Other (specify):
ENVIRONMENT	<input type="checkbox"/> Process Water Spill (ash reclaim water, slurry)	<input type="checkbox"/> Waste generation (Regulated waste)
<input type="checkbox"/> Spread of weeds or pests	<input type="checkbox"/> Inefficient energy use/release of greenhouse gas	<input type="checkbox"/> Waste disposal (Waste tracking)
<input type="checkbox"/> Chemical Spill (acids, caustic, etc)	<input type="checkbox"/> Disturbance / removal of plants or animals	<input type="checkbox"/> Potential for fire
<input type="checkbox"/> Noise / vibrations / light (offsite impacts)	<input type="checkbox"/> Hydrocarbon Spill (oil, solvents, grease, etc)	<input type="checkbox"/> Emissions to air
<input type="checkbox"/> Existence of Cultural / European heritage	<input type="checkbox"/> Erosion / sedimentation	<input type="checkbox"/> Other (specify):
QUALITY	<input type="checkbox"/> Non- standard procedure/form in use	<input type="checkbox"/> No procedure/form in place
<input type="checkbox"/> Procedure/form not followed	<input type="checkbox"/> Procedure/form incorrect or out-of-date	<input type="checkbox"/> Equipment not calibrated
<input type="checkbox"/> Procedure/Form/Other Doc not communicated to staff adequately		<input type="checkbox"/> Skills/resources not adequate
<input type="checkbox"/> MST or Std Job details not adequate	<input type="checkbox"/> Other (specify):	

Nature of Environmental or Quality Impacts or Potential Impacts (If relevant)

<input type="checkbox"/> Global Warming	<input type="checkbox"/> Habitat/ecological disturbance	<input type="checkbox"/> Contained spill
<input type="checkbox"/> Air pollution	<input type="checkbox"/> Pollution of surface water / stormwater	<input type="checkbox"/> Contamination of ground water
<input type="checkbox"/> Nuisance	<input type="checkbox"/> Land degradation (<i>includes erosion / sedimentation</i>)	<input type="checkbox"/> Contamination of land
<input type="checkbox"/> Non-conformance	<input type="checkbox"/> Depletion of natural resources (<i>water, fuel, materials</i>)	<input type="checkbox"/> Plant/Equip Damage or Failure
<input type="checkbox"/> Rework	<input type="checkbox"/> Disturbance of Cultural / European Heritage	<input type="checkbox"/> Water depletion
<input type="checkbox"/> Additional Cost	<input type="checkbox"/> Delays in Maintenance/Operations	<input type="checkbox"/> Other (specify):

Complaint (Also refer to and follow procedure CORP-MAN-04, for "Customer Complaints/Feedback")
 Complaints are not reported through Stanwell Corporation Incident Management System. All complaints should be reported to the Community Relations Team and documented in Consultation Manager

Risk Assessment/ Notification Requirements (This section is filled out by supervisors with assistance from HSEQ Dept Officers)		
Actual Incident Consequence (refer Step 1 of Risk Matrix below)		
<input type="checkbox"/> Minor	<input type="checkbox"/> Moderate	<input type="checkbox"/> Major <input type="checkbox"/> Severe <input type="checkbox"/> Catastrophic
Potential or Inherent Risk (Use <i>Risk Matrix</i> below)		
<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High <input type="checkbox"/> Extreme
An ICAM investigation: Is required <input type="checkbox"/>	Is not required <input type="checkbox"/>	Commencement date: __/__/__
An incident investigation: Is required <input type="checkbox"/>	Is not required <input type="checkbox"/>	Commencement date: __/__/__
Safety Incident Classification (consult with OHS Department re: dangerous events or serious injuries/ illnesses)		
<input type="checkbox"/> Dangerous Event <input type="checkbox"/> Serious Injury		
Regulatory Notification Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date/time sent: TRIM number for notification:		

Step 1 Determine Consequences				
	H&S	Environment	Financial Loss	Reputation
E Catastrophic (Incident Level 5)	<input type="checkbox"/> Two or more fatalities or serious long term injuries.	<input type="checkbox"/> Incident causing serious environmental harm which could result in DEHP closure of facility for an undisclosed period	<input type="checkbox"/> Net Cash flow impact greater than \$200M. Accounting write down of assets greater than \$200M. <i>Note – For projects, ‘net cash flow’ should be interpreted as NPV deterioration below Board approved budget.</i>	<input type="checkbox"/> Widespread negative national or metropolitan media coverage, questions in Parliament, public protests (actual or virtual) which impact shareholding Ministers
D Severe (Incident Level 4)	<input type="checkbox"/> Single fatality, permanent disabling injury, serious bodily injury.	<input type="checkbox"/> An event resulting in serious environmental harm.	<input type="checkbox"/> Net cash flow impact between \$50M and \$200M. Accounting write down of assets between \$50M and \$200M.	<input type="checkbox"/> Multiple negative stories in national or metropolitan media and/ or questions in Parliament.
C Major (Incident Level 3)	<input type="checkbox"/> Serious injury without long term effects (e.g. rendered unconscious). Lost Time Injury.	<input type="checkbox"/> An event resulting in Material environmental harm or Non-compliance with a Permit or Development Approval condition. Non-compliance with a permit, Development Approval or licence condition.	<input type="checkbox"/> Net cash flow impact between \$10M and \$50M. Accounting write down of assets between \$10M and \$50M.	<input type="checkbox"/> Reputation impact is contained at a local level. There is negative regional media coverage. Local opinion leaders may also express concern.
B Moderate (Incident Level 2)	<input type="checkbox"/> Medical treatment required.	<input type="checkbox"/> An event resulting in Environmental nuisance.	<input type="checkbox"/> Net cash flow impact between \$1M and \$10M. Accounting write down of assets between \$1M and \$10M.	<input type="checkbox"/> Local opinion leaders express concern.
A Minor (Incident Level 1)	<input type="checkbox"/> First aid or no treatment.	<input type="checkbox"/> Contained spill or emission.	<input type="checkbox"/> Net cash flow impact less than \$1M. Accounting write down of assets less than \$1M.	<input type="checkbox"/> Isolated complaints from individuals that can be dealt with on a site by site basis.

Step 2. Determine Likelihood		Step 3. Calculate Risk Ranking Risk Assessment Matrix					
1	<input type="checkbox"/> Almost Certain. The Impact is expected to occur more than once within the next 12 months.		Minor (A)	Mod (B)	Major (C)	Severe (D)	Catast (E)
2	<input type="checkbox"/> Likely. The Impact is expected to occur within the next 12 months.	1 Almost Certain	Medium	Medium	Extreme	Extreme	Extreme
3	<input type="checkbox"/> Possible. The Impact is expected at least once in the next 1-5 years.	2 Likely	Low	Medium	High	Extreme	Extreme
4	<input type="checkbox"/> Unlikely. The Impact is expected at least once in the next 5-25 years.	3 Possible	Low	Medium	High	Extreme	Extreme
5	<input type="checkbox"/> Rare. The Impact is expected to occur less frequently than once every 25 years.	4 Unlikely	Low	Low	Medium	High	High
		5 Rare	Low	Low	Medium	Medium	Medium

Sketch of incident scene (as required)	Photos / Drawings attached: Yes <input type="checkbox"/> No <input type="checkbox"/>

Supervisor's/ Manager's Actions :	
Immediate action taken to control hazard / incident	Work Order

List Causes / Contributing Factors and Additional Comments (if necessary)	
Consider People Environment Equipment Procedures Organisation	Refer to ICAM pocket invest guide & attach PEEPO chart/ ICAM analysis as required. <div style="border: 1px solid black; height: 100px;"></div>

Follow Up Actions: (if required – eg investigation, engineering fix, training, procedures)				
Action Required	Workgroup/ Designated person	By When	WO / TAMS Number	Date Action Completed
Corrective (to fix the problem):				
Preventive (to prevent it from happening again):				

Sign Off (where appropriate)			Date
	Print Name	Sign Name	
Reported by			/ /
Person/s involved			/ /
Supervisor			/ /
Coordinator			/ /
Health & Safety Department			/ /
Environment Department			/ /
Quality Department			/ /
Insurance Officer			/ /
Tarong Site Manager			/ /
GM Generations (for high risk)			/ /
Does this incident require further investigation?			
<input type="checkbox"/> No <input type="checkbox"/> Yes...if Yes, complete T-1081			

Note: Please sign off after actions are completed