

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"/> Erosion / sedimentation
<input type="checkbox"/> Spread of weeds or pests	<input type="checkbox"/> Inefficient use & poor management of water	<input type="checkbox"/> Waste generation & disposal
<input type="checkbox"/> Chemical Spill (acids, caustic, etc)	<input type="checkbox"/> Inefficient energy use/release of greenhouse gas	<input type="checkbox"/> Potential for fire
<input type="checkbox"/> Noise / vibrations / light (offsite impacts)	<input type="checkbox"/> Disturbance / removal of plants or animals	<input type="checkbox"/> Emissions to air
<input type="checkbox"/> Existence of Cultural / European heritage	<input type="checkbox"/> Hydrocarbon Spill (oil, solvents, grease, etc)	<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 Tarong Energy's Incident Management System. All complaints should be reported to the Community Relations Team and documented in Consultation Manager

Risk Assessment/ Notification Requirements <small>(This section is filled out by supervisors with assistance from HSEQ Dept Officers)</small>					
Actual Incident Consequence (refer Step 1 of Risk Matrix below) <input type="checkbox"/> Insignificant <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major <input type="checkbox"/> Catastrophic					
Potential or Inherent Risk (Use Risk Matrix below) <input type="checkbox"/> Negligible <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Extreme					
Criteria for Investigation: The ICAM Analysis Form (T-1351) can be used at any time. However, if the Potential Risk is Medium, it must be filled out and attached to this report form. If the Actual Incident Consequence is Moderate or higher, OR if the Potential Risk is High or Extreme, a formal incident investigation is required and Form T-1081 must be completed.					
Safety Incident Classification (consult with OHS Department re: dangerous events or serious injuries/ illnesses) <input type="checkbox"/> Dangerous Event <input type="checkbox"/> Serious Bodily 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	Compliance
E Catastrophic	<input type="checkbox"/> Grievous bodily injury; permanent disability(s)/illness(s), fatality (s). Likely safety prosecution.	<input type="checkbox"/> Serious env harm causing actual or potential env impacts that are irreversible or of high impact or widespread.	<input type="checkbox"/> >\$100m	<input type="checkbox"/> Crisis situation and public outcry. Frequent damaging report to national media and regulators. Extreme concern.	<input type="checkbox"/> Operating licence essential to effective operation of Corp suspended or revoked.
D Major	<input type="checkbox"/> Serious bodily injury resulting in LTI of 4 or more working days. Safety Prohibition Notice issued.	<input type="checkbox"/> Actual or potential env harm; moderate to high env impact. Reportable to EPA. Total costs > \$50000.	<input type="checkbox"/> \$10m to \$100m	<input type="checkbox"/> Potential for state-wide negative media coverage – real short-term damage. Serious stakeholder concern.	<input type="checkbox"/> Major non-conformance issued from external body.
C Moderate	<input type="checkbox"/> MTI with suitable duties. LTI of less than 4 normal working days.	<input type="checkbox"/> Direct or indirect env impacts beyond location (on-site or off-site). Reportable to EPA.	<input type="checkbox"/> \$1m to \$10m	<input type="checkbox"/> Level of concern high; potential for negative, harmful media involvement.	<input type="checkbox"/> Serious non-conformance issues from external body.
B Minor	<input type="checkbox"/> Minor injury / illness or MTI without suitable duties.	<input type="checkbox"/> Change to env conditions of an area or system. Costs < \$10,000	<input type="checkbox"/> \$100,000 to \$1m	<input type="checkbox"/> Minor public or workforce concern.	<input type="checkbox"/> Improvement advice from external body.
A Insignificant	<input type="checkbox"/> Insignificant / report only injury or illness.	<input type="checkbox"/> Temporary, readily reversible env impact. Costs < \$5000.	<input type="checkbox"/> < \$100,000	<input type="checkbox"/> Stakeholder concern very low or non-existent.	<input type="checkbox"/> Minor non-conformance not likely to generate response.

Step 2. Determine Likelihood	
Event Frequency	
1	<input type="checkbox"/> Almost Certain. Occurs in most circumstances or the event is expected to occur at least once in every three months.
2	<input type="checkbox"/> Likely. Likely to occur or the event is expected to occur at least once in every twelve months.
3	<input type="checkbox"/> Occasionally. Might occur or the event is expected at least once in every 1-5 years.
4	<input type="checkbox"/> Unlikely. Could occur, but unlikely or the event is expected at least once in every 5-25 years.
5	<input type="checkbox"/> Rare Occurs only in exceptional circumstances or the event is expected to occur less frequently than once every 25 years.

Step 3. Calculate Risk Ranking					
Risk Assessment Matrix					
	Insig (A)	Minor (B)	Mod (C)	Major (D)	Catast (E)
1 Almost Certain	M-	M+	H+	E	E
2 Likely	L+	M	M+	H+	E
3 Occasion	L-	L+	M	H-	H+
4 Unlikely	N	L-	L+	M	H-
5 Rare	N	N	L-	M-	M-

Sketch of incident scene (as required)	Photos / Drawings attached: Yes <input type="checkbox"/> No <input type="checkbox"/>
<div style="text-align: right; margin-right: 20px;">↑</div>	

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="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			/ /
Manager Operations			/ /
GM Generation Operations (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