

Pollution Notification Form

Reporting	Date\Time	
Reporting person	Name	
	Position	
	Contact ph.	
Reporting Company or business	Company name	
	Head Office address	
	Company ph.	
Who is the polluter? (if not person\company above\obtain polluter details if available) (What does the company do? ie chemical manufacturing)		
Is the polluter licensed with the EPA?		
Date \ time and location of incident (include nearest cross St)		
Pollution cause	<input type="checkbox"/> Leak	<input type="checkbox"/> Spill <input type="checkbox"/> other
Pollution impact upon	<input type="checkbox"/> Air	<input type="checkbox"/> Water <input type="checkbox"/> Land
Pollution Incident Details		
Detailed questions re incident		
<ul style="list-style-type: none"> • What is the substance (if known)? • Quantity/Volume/Concentration? • What area is affected\where is it moving to? • What are the impacts (observed/known)? • Risks to health or environment? • Duration of incident (if applicable)? • <i>Circumstances in which the incident occurred (including cause if known)</i> • <i>Action taken or proposed to deal with the incident</i> 		
Who else has been contacted?		<input type="checkbox"/> Emergency\Ambulance (000) <input type="checkbox"/> Fire/Hazmat (1300 729 579) <input type="checkbox"/> Police (4929 0999) <input type="checkbox"/> EPA (13 1555) <input type="checkbox"/> Port Corp (4985 8321) <input type="checkbox"/> WorkCover (13 1050) <input type="checkbox"/> Ministry of Health (4924 6499) Ask for Public Health Officer on call
Are you seeking any assistance from Council? (Detail assistance requested)		
Further details\Officer notes:		