Incident Form A

Licensees must submit this incident notification Form[[1]](#footnote-1) within 24 hours of immediate verbal notification of the incident to IPART.[[2]](#footnote-2)

Licensee details

|  |  |
| --- | --- |
| Licensee business name |  |
| Licence number |  |

#### Contact Person in charge of dealing with the incident

|  |  |
| --- | --- |
| Name: |  |
| Position: |  |
| Phone: |  |
| Email: |  |

Record of immediate verbal notification

| Relevant stakeholders  | Time/Date | Person contacted (indicate if message was left with the contact) |
| --- | --- | --- |
| **Mandatory (required under WIC Act)** |  |  |
| Local Public Health Unit*Phone number outlined in Incident & Emergency Response Protocol* |  |  |
| Department of Planning and Environment(02) 8275 1916 |  |  |
| IPART(02) 9290 8412 |  |  |
| WIC Act retail supplier of the services, if relevant*[enter N/A if the licensee and retail supplier are the same entity]* |  |  |
| WIC Act network operator and/or public water utility, if infrastructure connected*[enter N/A if the licensee and retail supplier are the same entity]* |  |  |
| **Non-Mandatory (where applicable)** |  |  |
| EPA |  |  |
| Local Council |  |  |
| Emergency Services (please indicate which one) |  |  |
| Other |  |  |

Incident Summary

Summary of incident

Service type affected

[ ]  Drinking Water [ ]  Recycled Water [ ]  Sewerage

#### Date incident was discovered

Click or tap to enter a date.

#### Time incident was discovered

Click or tap here to enter text.

#### Location and affected area *[attach map if possible]*

Click or tap here to enter text.

#### Provide a brief description of the incident. What happened? [include when the incident likely occurred

Click or tap here to enter text.

#### Describe the scale and impact of the incident as currently known.

[For example, did off-spec water enter supply to customers; were services disrupted or plant shutdown; what number of customers or connections were affected and for how long; what volume of sewage overflowed? etc.]

Click or tap here to enter text.

#### Has the threat from the incident been removed?

Choose an item.

#### What caused or possibly caused the incident to occur, if known,

Click or tap here to enter text.

#### What corrective actions have been taken to date to rectify the incident?

Click or tap here to enter text.

Stakeholder contacts

|  |  |
| --- | --- |
| IPART  | This form must be submitted via [WILMA](https://wilma.ipart.nsw.gov.au:553/_layouts/15/fba/login/WILMA_Login.aspx)  |
| Department of Planning and Environment | nanda.altavilla@dpie.nsw.gov.au |
| Local Public Health Unit in NSW Health | *(in accordance with the licensee’s incident and emergency response protocol)* |
| WIC Act retail supplier of the services, if relevant | *(in accordance with the licensee’s incident and emergency response protocol)* |
| WIC Act network operator and/or public water utility, if infrastructure connected | *(in accordance with the licensee’s incident and emergency response protocol)* |
| Water Unit in NSW Health | HSSG-waterqual@doh.health.nsw.gov.au |

Next steps

* Submit this Incident Form A to Stakeholders listed in the box above.
* Include INCIDENT in the subject line.
* Submit Incident Form B within 30 days of submitting this Incident Form A.
1. This Form provides a means for Licensees to fulfil their obligations under WIC Reg (Schedule 1 & 2) to notify of any “*incident in the conduct of its activities that threatens, or could threaten, water quality, public health or safety*”. [↑](#footnote-ref-1)
2. Contact details are at the end of this Form. [↑](#footnote-ref-2)