Form A

Licensees must submit this incident notification form to IPART via WILMA within 24 hours of immediate verbal notification. Amendments to the form and incident updates, should also be submitted through WILMA.

Licensees must also submit this incident notification form to other relevant parties by email within the 24 hours of immediate verbal notification. Email must include the word “incident” in the subject line.

CONTACT DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| From | Licensee business name | |  |
| Licence number | |  |
| Contact Person in charge of dealing with the incident | Name: |  |
| Position |  |
| Phone: |  |
| Email: |  |
| To | Local Public Health Unit in NSW Health | | *(in accordance with the licensee’s incident and emergency response protocol).* |
| Department of Planning and Environment | | [katye.jackett@planning.nsw.gov.au](mailto:katye.jackett@planning.nsw.gov.au) |
| IPART | | [Submitted via WILMA](mailto:compliance@ipart.nsw.gov.au?subject=Incident) |
| Copy | Water Unit in NSW Health | | [waterqual@doh.health.nsw.gov.au](mailto:waterqual@doh.health.nsw.gov.au?subject=Incident) |

RECORD OF IMMEDIATE VERBAL NOTIFICATION

|  |  |  |
| --- | --- | --- |
| Stakeholder | Time/ Date | Person contacted (indicate if message was left with the contact) |
| Local Public Health Unit  Phone number outlined in Incident and Emergency Response Protocol |  |  |
| Department of Planning and Environment  (02) 8275 1916 |  |  |
| IPART  (02) 9290 8412 |  |  |
| Other agencies or persons notified (provide name and contract details) | | |
| EPA |  |  |
| Local Council |  |  |
| Emergency Services (please indicate which one) |  |  |
| Other licensees and/or public water utilities |  |  |
| Others |  |  |

INCIDENT DESCRIPTION

|  |  |
| --- | --- |
|  | **Description** |
| Date of incident |  |
| Time of incident |  |
| Location and affected area *(include map if necessary)* |  |
| Description of event |  |
| Description of potential/actual impact and duration (eg, number of customers or licensees, water quality, etc) |  |
| Reason or possible causes of incident |  |
| Corrective actions taken to rectify the incident |  |
| If incident not ended, the anticipated date of ending |  |
| Follow up actions (including repair work, review of plans, possible changes to protocol, etc) |  |

This form is available for download separately from the IPART website.