**FORM D**

**ENVIRONMENTAL INCIDENT REPORT FORM**

This form is to be forwarded to North Queensland Airports (NQA) Environment Services **within 48hrs** of an environmental incident.

**Note:** This form is not intended to replace other organisations’ internal reporting procedures.

**IMMEDIATELY CONTACT: CAIRNS - Airport Co-ordinator   
40806 744 or steno 400**

**MACKAY- Duty Safety Officer   
0418 570 233 or After Hours 0407 570 208**

**IF CONTAMINATION OF WATERWAYS OCCURS ENVIRONMENT- Environment Manager**

**0400 899 342**

**FORWARD REPORT FORM TO:** Environment Manager  
[environment@cairnsairport.com.au](mailto:environment@cairnsairport.com.au) Cairns Airport Pty Ltd  
PO Box 57 AAC Cairns Airport QLD 4870  
Ph: 0400 899 342

**All relevant sections must be completed on this form. Incomplete forms will not be registered by NQA.**

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| ***Section 1. GENERAL DETAILS*** | |
| **Date:**  **Time:       am / pm**  **Airport: Cairns  Mackay**  **Airport Location:** | **Reported By:**  **Name:**  **Position:**  **Company:**  **Phone:** |

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| ***Section 2. RESPONSIBLE PARTIES*** | |
| **Name:** | **Phone:** |
| **Company Name:** | **Email:** |
| ***Witness Details (if applicable)*** | |
| **Name:** | **Phone:** |
| **Witness Statement Taken?  Yes  No** | |

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| ***Section 3. INCIDENT DETAILS*** | | |
| **Type of Incident:** | **Spill (Complete Section 4)**  **Waste/rubbish (go to section 6)**  **Wildlife disturbance/injury (go to section 6)**  **Vegetation disturbance/damage (go to section 6)**  **Acid Sulphate Soils disturbance (go to section 6)** | **Cultural Heritage disturbance/damage (go to section 6)**  **Chemicals / herbicide Use (go to section 6)**  **Water pollution/contamination (go to section 6)**  **Nuisance (noise, air quality) (go to section 6)**  **Other:** |
| **Incident Description** |  | |
| **Immediate Response Actions Taken:** |  | |

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| ***Section 4. SPILL DETAILS*** | | | | | | | |
| **Spilled Material:** | | | | **Quantity spilled (Litres):** | | |  |
| **Area affected (m2):** | | | | **Total Response Time:** | | |  |
| **Safety Officer (ASO or DSO) time spent assisting clean-up:** | | | | | | |  |
| **Surface Type:** | **Asphalt/Bitumen**  **Concrete** | | **Grass**  **Pavers** | | **Gravel**  **Sand** | **Soil**  **Other** | |
| **Did the spill go into a waterway or drain?** | | **Yes – Contact Environmental Manager immediately 0400 899 342**  **No** | | | **Details** *i.e. Little Barron***:** | | |
| **Was a CAPL/MAPL Spill Response Kit used?  Yes (Complete Section 5)  No** | | | | | | | |

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| ***Section 5. CAPL/MAPL SPILL RESPONSE KITS (if applicable)*** |
| **Quantity Used i.e. 10kg absorbent material, 1 absorbent sock :** |
| **Was the contaminated waste placed into disposal bags?  Yes  No** |
| **Was the bagged waste placed into the Disposal Bin?  Yes  No** |

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| ***Section 6. CONTRIBUTING FACTORS AND PREVENTATIVE ACTIONS***  ***(to be completed by Manager/Supervisor)*** | | | | |
| **Cause, Circumstances and Contributing Factors:** | |  | | |
| **Measures that were in place to prevent this type of incident:** | |  | | |
| **Measures to be implemented to prevent/minimise this type of incident occurring again** | |  | | |
| ***Manager / Supervisor General Comments*** | | | | |
| **Comments:** |  | | | |
| **Name:** | | | **Position:** | |
| **Company:** | | | **Signature:** | **Date:** |

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| ***Section 7. NQA ENVIRONMENT OFFICE ONLY*** | |
| **Assessed Level of Potential or Actual Harm:** |  |
| **Is an Investigation Required?**  **Yes**  **No** | **Investigation Team:** |
| ***FOLLOW UP ACTION:*** | |
|  | |
| ***COMMENTS*** | |
|  | |
| **Name:** | **Position:** |
| **Signature:** | **Date:** |