



## Remember!

Complete this form for all environmental incidents that occur due to Roads and Maritime Services (RMS) activities. Complete and submit this form in accordance with the [RMS Environmental Incident Classification and Reporting Procedure](#). Be succinct, stick to known facts and do not make assumptions.

Project name:		(for use by project if desired)
Project delivered by: <input type="checkbox"/> RMS <input type="checkbox"/> Contractor (including RMCC)	Incident ID #:	
Contractor name:	Report revision #:	
Region: <i>(A map showing RMS regions is available online.)</i>	CM21 or Equip no.:	

### Incident details

<b>Date and Time</b>	Date: _____ Time: _____ : _____ am <input type="checkbox"/>   pm <input type="checkbox"/>
<b>Description</b> Provide a brief factual description of what happened during the incident, include relevant details such as: <ul style="list-style-type: none"> <li>the estimated distance to nearest waterway (include stormwater drains and dry watercourses)</li> <li>the estimated distance to the nearest sensitive receiver</li> <li>the activity being undertaken when the incident occurred</li> </ul> Sketches/diagrams/photos may be referenced and appended to this report to aid in the description of the incident.	
<b>EXACT location of the incident</b> (include chainage, landmarks, features, nearest cross street, etc. Maps and plans can be attached to the incident report if appropriate.	
<b>Quantity or volume of material escaped or causing incident</b> (provide an estimate if quantity unknown)	
<b>Who identified the incident?</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> EPA officer <input type="checkbox"/> Council <input type="checkbox"/> RMS (during inspection) <input type="checkbox"/> EPA complaints line <input type="checkbox"/> Community <input type="checkbox"/> RMS (Reg Mtce) <input type="checkbox"/> RMS (other) <input type="checkbox"/> Other _____

### Incident classification:

<input type="checkbox"/> Category 1	Potential breaches of legislation or failures of process that result in actual off-site environmental harm, or residual on-site environmental harm or Works undertaken outside approved areas, without required approval, or without environmental assessment or Any Material Harm pollution incident as defined by Part 5.7 of the <i>Protection of the Environment Operations Act 1997</i> .
<input type="checkbox"/> Category 2	Failures of process or events that do not result in off-site environmental harm or residual on-site environmental harm. These incidents may result in temporary on-site environmental harm that can be rectified to pre-existing conditions.
<input type="checkbox"/> Reportable event	An event or unexpected find that occurs outside the scope of reasonable environmental controls and mitigation measures.
<input type="checkbox"/> Regulatory Action	Formal regulatory action by an environmental regulator (that has not already been reported in conjunction with another incident).

**What immediate actions/control measures were taken to rectify or contain the incident?**

**What initial corrective action will be taken to prevent similar incidents recurring in the near future?**

**External notification**

**Was this a pollution incident that caused or threatened material harm to the environment?**     Yes     No

**Is there an Environment Protection Licence for the project?**     Yes     No

▶ If Yes – was the Pollution Incident Response Management Plan implemented     Yes     No

**Were any of the following authorities notified?**

	Date	Time	Method	Notified by (name and position)
NSW Environment Protection Authority		:		
NSW Department of Planning and Environment		:		
NSW Ministry of Health		:		
Fire and Rescue NSW		:		
NSW Office of Environment and Heritage		:		
Department of the Environment and Energy		:		
NSW Department of Primary Industries (Fisheries)		:		
NSW Rural Fire Service		:		
NSW National Parks and Wildlife Service		:		
SafeWork NSW		:		
Local Government		:		
Other: _____		:		

**Approvals**

**Person making report**

Name: ..... Signature: .....

Position: .....

Organisation: ..... Date: .....

**RMS Project Manager**

Name: .....

Signature: ..... Date: .....

**Safety Environment and Quality Coordinator (RMS Regional Maintenance only)**

Name: .....

Signature: ..... Date: .....

**RMS Environment Manager**

Was the incident self-reported by the delivery team?     Yes     No

Name: ..... Signature: .....

Comments: .....

..... Date: .....

*Customers of Transport Shared Services are reminded of their responsibility in terms of the compliance and audit requirements for digital signatures. Transport Shared Services does not accept responsibility for this obligation and customers are advised to check the status of digital signatures with their organisation prior to proceeding.*