

# Environmental Incident Report Form

<b>Project Address:</b>	<b>QLDC Consent Number (if applicable):</b> RM123456 BC123456
<b>Brief Project Description:</b>	

## Instructions

Complete this form for all environmental incident that cause contaminants (including sediment) or environmental nuisance to leave the site. Be succinct, stick to known facts and do not make assumptions. Once completed submit to the Regulatory team at Queenstown Lakes District Council at [RCMonitoring@qldc.govt.nz](mailto:RCMonitoring@qldc.govt.nz) Call the Regulatory team immediately on [03 441 0499](tel:034410499) for any serious or ongoing incidents that cannot be brought under control.

## Incident details

<b>Date and Time</b>	Date: xx/xx/xx Time: xx:xx am <input type="checkbox"/> pm <input type="checkbox"/>
<b>Description</b> Provide a brief and factual description of what happened during the incident, include relevant details such as: - The estimated distance to the nearest waterway (include storm water and dry courses) - The estimated distance to the nearest sensitive receptor - The activity being undertaken when the incident occurred Sketches/diagrams/photos may be reference and appended to this report to aid in the description of the incident.	
<b>EXACT location of the incident</b> Include address, 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 and estimate if quantity unknown)	
<b>Who identified the incident?</b>	<input type="checkbox"/> Contractor <input type="checkbox"/> Council <input type="checkbox"/> Community <input type="checkbox"/> Other

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?
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Has the Otago Regional Council been notified?  Yes  No

## Approvals:

<b>Environmental Representative/Person making report</b>	
Name.....	Signature.....
Organisation.....	Date.....
Mobile phone number.....	
<b>Site Supervisor</b>	
Name.....	Signature.....
Organisation.....	Date.....
Mobile phone number.....	