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 |  |
| Scheme name |  |

#### 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 Reg)** |  |  |
| Local Public Health Unit  *Phone number outlined in Incident & Emergency Response Protocol* |  |  |
| IPART  (02) 9290 8412 |  |  |
| The registered retailer and registered operator of the water industry infrastructure, if relevant *[enter N/A if the licensee and retailer and operator are the same entity]* |  |  |
| Other registered operators and public water utilities, with infrastructure connected to the water industry infrastructure to which the incident relates |  |  |
| **Non-Mandatory (where applicable)** |  |  |
| EPA |  |  |
| Local Council |  |  |
| Emergency Services (please indicate which one) |  |  |
| Department of Climate Change, Energy, the Environment and Water |  |  |
| 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) |
| Local Public Health Unit in NSW Health | *(in accordance with the licensee’s incident and emergency response protocol)* |
| The registered retailer and registered operator of the water industry infrastructure, if relevant | *(in accordance with the licensee’s incident and emergency response protocol)* |
| Other registered operators and public water utilities, with infrastructure connected to the water industry infrastructure to which the incident relates | *(in accordance with the licensee’s incident and emergency response protocol)* |
| Water Unit in NSW Health | HSSG-[WaterQual@health.nsw.gov.au](mailto:WaterQual@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 Incident Form A, along with immediate verbal notification and submission of the Incident Form B, is the form and way determined by IPART for Licensees to fulfil their obligation under the *Water Industry Competition (General) Regulation 2024*Schedule 2, section 3) to notify of any “*incident in the conduct of the licensee’s activities that threatens, or could threaten, water quality or public health or safety*”. [↑](#footnote-ref-1)
2. Contact details are at the end of this Form. [↑](#footnote-ref-2)