**Form B – Incident Written Notification**

EMAIL INCIDENT NOTIFICATION BY PRIVATE SECTOR WATER LICENSEES

REPORT MUST BE EMAILED WITHIN 5 DAYS OF THE INCIDENT ENDING

**Email subject line must contain the word “incident”**

CONTACT DETAILS

|  |  |  |
| --- | --- | --- |
| From | Licence holders business name |  |
| Licence number |  |
| Licence Holder Contact Person  | Name: |  |
| Position |  |
| Phone: |  |
| Email: |  |
|  |
| To | NSW Health | waterqual@doh.health.nsw.gov.au |
| Metropolitan Water Directorate | wica@waterforlife.nsw.gov.au |
| IPART | compliance@ipart.nsw.gov.au |

IMMEDIATE (within 24hrs) PHONE NOTIFICATION DETAILS

|  | **Time / Date** | **Person contacted *(indicate if message was left with the contact)*** |
| --- | --- | --- |
| PHUPhone number outlined in Incident and Emergency Response Protocol |  |  |
| **Metropolitan Water Directorate****(02) 9372 8521** |  |  |
| **IPART****(02) 9113 7722** |  |  |
| Other agencies or persons notified *(provide name and contact details)* |
| **EPA** |  |  |
| **Local Council** |  |  |
| **Emergency Services *(please indicate which one)*** |  |  |
| **Other licence holders and water utilities** |  |  |
| **Others** |  |  |

INCIDENT DESCRIPTION

|  |  |
| --- | --- |
| **Date** |  |
| **Time of incident** |  |
| **Location and affected area*(include map if necessary)*** |  |
| **Description of event** |  |
| **Description of actual impact and duration *(eg, number of customers or licensees, water quality, etc)*** |  |
| **Cause of incident** |  |
| **Corrective actions taken to rectify the incident** |  |
| **Follow up actions *(including repair work, review of plans, possible changes to protocol, etc)*** |  |