ANNEX 8

Response Forms

Forms

It is most important that accurate records are obtained and kept right from the first reported sighting of a pollution incident until the end of a response. WEBEOC is available to record information in a Tier 2 response.

To ensure that all relevant information is recorded, Response Forms have also been developed.

These may be required as evidence in Court and/or to establish whom to charge for the clean-up operation.

1. **Spill notification –** via WEBEOC

The following forms are on the following pages and in the Taranaki Regional Council's document system management system (FRODO)

2. Resource request form – document **#1023845**

3. **Sample form –** document **#1560493**

4. **Notice of Requisition**. This form enables the Regional On-Scene Commander to requisition any property, being any land, building, vehicle under section 318 of the Maritime Transport Act 1994 **–** document **#1560518**

5. **Contractor form** - document **#906761**

6. **Hazard ID form –** document **#922115**

7. **Incident/accident report form –** document **#847897**

8. **Site safety plan form –** document **#156496**

Request for Assistance or Resources (fill in as much detail as possible) Doc #1023845	
Request from (ROSC, Planning, Wildlife etc):	
Contact Name:	
Contact Phone number:	
Precedence level (circle) Urgent Priority Normal	
Critical Resource? (circle) Yes No	
Brief description of problem or task to be accomplished:	
Specific resource requested and number required:	
Estimated cost if known:	
Potential substitute?	
Capacity (size, voltage etc):	
Supporting Equipment required (fuel, water etc):	
Personnel required to operate support:	
When is resource required by:	
How long are resources required?	
Where to deliver or report to:	
Report to or deliver to whom:	
Resource request completed by	
Name:	
Position:	
Resource request approved by (ROSC)	
Name: Position:	
Signed: Date: Time:	
Request form response (to be filled in by Logistics)	
Resource Available? Yes No (circle)	Resource deployed: Yes No (circle)
Request filled by:	Time of deployment:
Estimated time of arrival:	Vendor:
Estimated cost:	

Survey:

Document #1560493

Weather	**Job No**	**Project**
Sampled by:	**Date**	**Therm ID**

Site	**Qual Code**	**Time (Actual)**	**Water Temp (°C)**	**Bottle Nos**		**Comments**	**Lab Sample ID (TRC)**

Analyses Required:	Lab registration
Gen Comments	By:
Lab Use	Date:

Notice of Requisition document #1560518

To:_____
(Name of owner or person in charge of requisitioned property)

TAKE NOTICE that pursuant to section 305(1)(g) of the Maritime Transport Act 1994 (the Act), I _____, Regional On-scene Commander appointed under section 318 of the Act, hereby requisition the following property:

_____

_____

_____

_____

_____

_____

_____

_____

(provide a description of the requisitioned property being any land, building, vehicle, New Zealand ship, or other real or personal property)

THE property is requisitioned for use in connection with a response to a marine oil spill and will remain under my control and direction until further notice.

DATED this _____day of_____ 20___

_____

Regional On-Scene Commander

CONTRACTORS HEALTH AND SAFETY INDUCTION CHECKLIST

Project:	**Date: / /**
Contractor Company:	**Contractor's Name:**
Taranaki Regional Council Project Co-ordinator:	

	Information Given On: **Refer to "H&S for Contractors – Induction Checklist" Doc #934660**	**Yes**
1.	All hazards they may be exposed to on the site	
2.	Emergency Procedures	
3.	Layout of Worksite	
4.	Accident Reporting	
5.	Hazard Identification Procedures	
6.	Contractor Responsibilities	
7.	Personal Protective Equipment requirements (if applicable)	

The above health and safety information has been given.

Contractor's Signature: _____ Date: / /

Taranaki Regional Council Project Co-ordinator's Signature: _____

Contractor must also complete **Contractor Details Form** (on reverse of this form)

Please submit completed form to the HR Adviser – Health and Safety)

Office Use Only				
Details Entered into VAULT	Surname	Given Name(s)	Signature	Date (dd/mm/yy) / /

CONTRACTOR DETAILS

Please complete for each individual contractor working for Taranaki Regional Council

Organisation Name			
Contractor Surname		Contractor First Name/s	
Email Address			
Telephone Number			
Position/Trade			
Emergency Contact Name		Emergency Contact Number	

Please complete all applicable details below:

Current First Aid Certificate	Yes/No				Expiry Date				
Site Safe Trained	Yes/No	Site safe No.			Expiry Date				
Drivers Licence/s	Number		Classes		Expiry				
	Tracks Expiry	Wheels Expiry	Rollers Expiry	Crane Expiry	Forklift Expiry				
Firearms Licence	Number			Expiry					
Trade Qualifications									
Trade	Registration/Certification			Expiry					

Registrations *Please list*	*e.g. Electrical Registration Certificate*		
Controlled Substances Licence/s	Approved for:	Certificate Number	Expiry

Copies of Certificates and Licences must be provided on request from Taranaki Regional Council

I verify that the information provided above is true and correct.

Signed: _____ Date: _____

HAZARD OR DISCOMFORT REPORT Form: HSE 02

The **Taranaki Regional Council** encourages the reporting of hazards and the early onset of injuries so that preventative measures can be put in place before serious injuries occur.

Please complete this report as fully as possible and give it to your Manager for action.

Person Reporting: **Date:**

Hazard	Discomfort
Describe Hazard (what / where and causes)	**Describe Discomfort** (what / where and causes)
Suggested method of managing the hazard	**Suggested method of managing the discomfort**
Signature	**Signature**
Departmental Manager Response Is this a Significant Hazard – could it cause Serious Harm? State reasons	**Departmental Manager Response** Is this a Significant Hazard – could it cause Serious Harm? State reasons
Can the Hazard be: **Eliminated?** (Reasons) **Isolated?** (Reasons) **Minimised?** (Reasons)	**Can the Discomfort be:** **Eliminated?** (Reasons) **Isolated?** (Reasons) **Minimised?** (Reasons)
Send this form to the Director – Corporate Services for updating of the Hazard Register **Signature:** ---------- ----------	

Director – Corporate Services **H&S Co-ordinator**

INCIDENT/ACCIDENT REPORT FORM

REMEMBER – DO NOT DISTURB THE SCENE OF A SERIOUS INJURY OR VEHICLE ACCIDENT (Admin Use Only) **CASE NUMBER:**_____:_____

PART A: INITIAL REPORT (To be completed by person involved or reporting the event and signed by supervisor)

1. Type of Event

☐ Injury ☐ Near Miss ☐ Illness ☐ At Risk Behaviour ☐ Incident → ☐ Equipment Damage ☐ Pollution / Environ. ☐ Dangerous Occurrence ☐ Process Loss ☐ Other (specify) _____

2. Person Reporting Event

Surname: | Given Name(s): | Department: / Position:

3. Date / Time of Event

Date (dd/mm/yy) / / | Time (24 hr Clock) The afternoon : hrs

4. Date / Work day start time

Date (dd/mm/yy) / / | Time (24 hr Clock) : hrs

5. Reported To Team Leader / Supervising Officer

Surname: | Given Name(s): | Supervisor's Signature:

6. Location of Event

Site Location: | Work Area: | Plant/Equip:

7. Person Involved in Event

Surname: | Given Name(s):

Department/Team: | Occupation:

Date of Birth: / / | Gender: ☐ Male ☐ Female | Employment Status ☐ Full Time ☐ Part Time ☐ Casual

Employment Category:
☐ TRC Employee ☐ Contractor / Sub Contractor ☐ Other (e.g. Visitor)

Company Name:_____ Specify: _____

8. Brief Description of Event

Briefly outline the Event, include details of the activity being performed at the time of the Event .e.g. Stepped off machine onto rock and rolled ankle. (Attach additional sheets if required)

9. Witness Statements

List the names of any other persons who witnessed the Event. (Attach Statements if required)
1. 4.
2. 5.
3. 6.

10. Immediate Control Actions Taken & Risk Rating

What actions were taken immediately to control the Event? (e.g. Area barricaded, Work Order entered, Fit For Work tested)

H&S RATING (HR Adviser to complete):

Consequences =		**Likelihood =**		**Score =**		Low ☐ Moderate ☐ High ☐ Extreme ☐

11. Action Requirements

- If NO continue to next line
- If Yes go across to required action and then continue to next line

Did the Event result in FIRST AID TREATMENT?	☐ No ☐ Yes	Complete Questions 12 & 13 in PART B of this Form	☐ Done
Did the Event result in MEDICAL TREATMENT / VISIT?	☐ No ☐ Yes	Complete Questions 12 & 13 Immediately contact your Supervisor Remain with PATIENT until relieved	☐ Done ☐ Done ☐ Done
Did the Event involve VEHICLE or PLANT COLLISION?	☐ No ☐ Yes	If serious – DO NOT DISTURB SCENE Immediately contact your Supervisor	☐ Done ☐ Done
Do you need to take STATEMENTS from involved parties?	☐ No ☐ Yes	Record Statement and attach	☐ Done

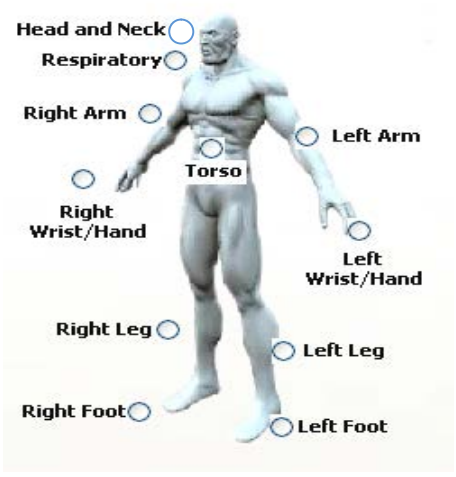
FRODO Document #847897

PART B: FIRST AID / MEDICAL TREATMENT (If more than one person injured / ill, complete Part B for each).

12. Nature of Injury (tick boxes)

☐ Abrasions ☐ Crush ☐ Electric Shock ☐ Laceration ☐ Sprain
☐ Asphyxia ☐ Dislocation ☐ Fracture ☐ Loss of Consciousness ☐ Strain
☐ Bruising ☐ Effects of Chemicals ☐ Illness (specify) ☐ Nausea ☐ Other (specify)
☐ Burns ☐ Effects of Exposure _____ ☐ Puncture Wound _____

13. Part of Body (tick boxes)



INJURY DESCRIPTION:

14. Treating Doctor or Nurse to Complete and initial & date below.

Initials:

Date: ___/___/___

☐ Head
☐ Head - Unspecified
☐ Forehead **L** ☐ **R** ☐
Ear ☐ ☐
Eye ☐ ☐
☐ Face
☐ Nose
☐ Mouth
☐ Teeth
☐ Throat
☐ Neck
☐ Neck -Bone/Muscles/Tendons
Lower ☐ **Upper** ☐ **Other** ☐
Back
☐ Chest

	L	R
Shoulder	☐	☐
Upper Arm	☐	☐
Elbow	☐	☐
Forearm	☐	☐
Hand	☐	☐
Fingers	☐	☐
Thumb	☐	☐
Hip	☐	☐
Thigh	☐	☐
Knee	☐	☐
Upper Leg	☐	☐
Lower Leg	☐	☐
Ankle	☐	☐
Foot	☐	☐
Toes	☐	☐

☐ Shoulder - Bone/Muscle/Tendon
☐ Shoulder - Other/Multiple
☐ Arm - Muscle/Tendons
☐ Arm - Other/Multiple
☐ Wrist - Muscle/Tendons
☐ Wrist - Other/Multiple
☐ Hand - Bones etc (alone)
☐ Hand - Muscles (alone)
☐ Hand - Other/Multiple
☐ Knee - Muscles/Tendons
☐ Knee - Other/Multiple
☐ Lower Leg Muscles/Tendons/Ligaments
☐ Lower Leg - Other/Multiple
☐ Ankle - Muscles/Tendons/Ligaments
☐ Ankle - Other/ Multiple
☐ Ribs And/ Or Sternum

☐ Heart
☐ Abdomen
☐ Groin
☐ Pelvic Region
☐ Pelvic Bones/Muscles/Tendons
☐ Skin Areas
☐ Internal Injury
☐ Circulatory System - General
☐ Digestive System - General
☐ Nervous System - General
☐ Respiratory System - General
☐ Respiratory System - Lungs
☐ Veins/ Arteries
☐ Spinal Muscles/ Tendons
☐ Spinal Vertebrae/ Discs
☐ Unspecified Locations

15. Medical Records / Certificates

Have you obtained a Medical Certificate from the treating Doctor ☐ (Scan and attach details)
Has a ACC Form been completed ☐ (Attach details)

16. Outcome

☐ Returned to Normal Duties ☐ Returned to Alternate Duties ☐ Referred for doctor/hospital/medical treatment

17. **Verification: This is a true & accurate record of the event.**	Surname	Given Name(s)	Signature	Date (dd/mm/yy)
				/ /

Submit Event Report Form and all Attachments (Statement Forms etc.) to your Manager or HR Adviser – Health and Safety

SAFETY DEPARTMENT (To be completed by HSE Advisor).

17. Person assigned to Investigate	Surname	Given Name(s)	Signature	Start Date (dd/mm/yy)
				/ /

MARITIME NZ SITE SAFETY PLAN SITE: .....

Signed by Safety Coordinator: ..... Date: ..... Time: .....

.....

Type of Spill: MSD Sheet Available & Attached: ☐Yes / ☐ No

On-Scene Commander: ..... Contact Number: .

Site Safety Coordinator Contact Number:

Location of Evacuation Point: Means of Raising Alarm:

First Aid/Accident Register Location: First Aid Person

Local Regional Council ..... RCCNZ 04 – 914 8380

Local Habour Master ..... Emergency Services 111

Local OSH Service **National Poison Center 03 474 0999**

List Environmental Hazards	**Controls:**
1	.....
2.	.....
3.	.....
4.	.....
5.	.....
6.	.....
7.	.....

List Operational Hazards	**Control Procedures:**
1	.....
2.	.....
3.	.....
4.	.....
5.	.....
6.	.....
7.	.....

Chemical/Oil Related Hazards:

Name of Substance: .....

Fire Hazard: Flash Point ..... Control on Site .....

Toxic Levels: LD50..... TLV (Exposure for 8 hrs) ..... TWA(Exposure for 40 hrs) .....

First Aid: Swallowed .....

Eye .....

Skin .....

Inhaled .....

List Site PPE Required:

....

....

Safety Training

Site Safety Induction completed ☐ By: .....Date: .....Time: .....

Personnel Attended: *(as per team list attached)*	***Team ID:***

Attach Additional Safety Information Relating to the Oil Clear-up Operations to this Safety Plan

18. Details entered into VAULT	Surname	Given Name(s)	Signature	Date (dd/mm/yy) / /

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