ANNEX 11

Response Forms

Record keeping

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.

Records will be kept in Council's Document Management System and financial systems. WEBEOC is also available to record information in a Tier 2 response.

Forms

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 –** electronically via WEBEOC

The following forms, examples of which are on the following pages, are available in Council's Document Management System (document numbers below).

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 Induction form** - document **#906761.** Contractors will first be required to provide details via a link to Council's database.

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)				
Request from (ROSC, Planning, Wildlife etc):				
Contact Name:				
Contact Phone number:				
Precedence level	Urgent	Priority	Normal	(circle)
Critical Resource?	Yes	No	(circle)	
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:

Weather	Job No	Project
Sampled by:	Date	Therm ID

Site	Qual Code	Time (Actual)	Water Temp (°C)	Bottle No.s		Comments	Lab Sample ID (TRC)

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

Document # 1560493

Notice of Requisition

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

Doc # 1560518

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 be approved before work commences.

Please submit completed form to the Health and Safety Adviser

HAZARD IDENTIFICATION FORM

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.

Your name			Date	
Location of Hazard (area/task)				
Description of Hazard (what can cause harm?)				
Likely Physical Effects				
Hazard control: you suggestion for preventing this hazard from causing harm to people – refer to manufacture guidelines or SDS when appropriate				
Action Plan				
Name of Person Responsible			By When	
Eliminate	Yes/No	Minimise	Yes/No	
Priority for action				
Immediate	Implement Controls now			
High Priority	Implement Controls as soon as possible			
Moderate Priority	Implement Controls when possible			
Low Priority				
Hazard Notification				
Give to the Health and Safety Adviser to update register				
Verification	*Action plan, hazard assessment and hazard notification have been completed*			

Event Report Form

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

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

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

16. Outcome

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

17. Verification: This is a true and 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 the H&S Advisor

SAFETY DEPARTMENT (To be completed by HSE Advisor).

	Surname	Given Name(s)	Signature	Start Date (dd/mm/yy)
17. Person assigned to Investigate				/ /
18. Details entered into VAULT	Surname	Given Name(s)	Signature	Date (dd/mm/yy) / /

Event Report Form

REMEMBER – DO NOT DISTURB THE SCENE OF A SERIOUS INJURY OR VEHICLE ACCIDENT

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:				Date:		
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. 2. 3. 4. 5. 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 (H&S 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

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 8360*

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

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