

# Recycled water customer incident report form

Council of the City of Gold Coast  
ABN 84 858 548 460  
PO Box 5042 GCMC QLD 9729  
P 1300 GOLDCOAST  
F 07 5596 3653  
E [mail@cityofgoldcoast.com.au](mailto:mail@cityofgoldcoast.com.au)  
W [cityofgoldcoast.com.au](http://cityofgoldcoast.com.au)

This form is intended for recycled water customers to report any accidents or incidents involving recycled water use. As per the General Environmental Duty under the *Environmental Protection Act 1994*, any incident which causes or may cause environmental harm must be reported to the Department of Environment and Heritage Protection on 1300 130 372 in addition to submitting this form to the City of Gold Coast.

Please use **BLOCK LETTERS** and complete all details in full.

Contact details			
Incident reported by			
Business name			
Contact number			
Date of incident		Time of incident	
Address / site of incident			

**1. The incident has caused or has the potential to cause harm to:**

Public health
  Workplace health and safety
  Environment

Other (please describe)

**2. Please  all relevant types of incident that has occurred:**

Burst recycled water pipe
  Illness or injury caused by recycled water  
 Recycled water flow into a water body
  Recycled water flow into adjacent properties  
 Faulty equipment / infrastructure
  Complaint against the business  
 Noticeable change in recycled water quality
  Nuisance caused by recycled water  
 Vehicle accident while transporting recycled water  
 Other (please describe)

**3. Has this incident occurred before?**

Yes
  No

**4. If recycled water was released into a water body or onto adjacent properties, please list the name/s or address/es of the affected areas as well as the estimated volume in litres.**

	<b>Litres</b>
	<b>Litres</b>
	<b>Litres</b>
	<b>Litres</b>

**5. Incident details (please describe)**


**6. Suspected cause of incident (please describe)**


**7. What corrective actions were taken? Please  all relevant actions taken or describe below:**

- |  |   |
|--|---|
| <input type="checkbox"/> Reported incident to City of Gold Coast       | <input type="checkbox"/> Reported incident to manager of business |
| <input type="checkbox"/> Ceased supply/use/transport of recycled water | <input type="checkbox"/> Reported details of any affected persons |
| <input type="checkbox"/> Other (please describe below)                 |   |


**8. Additional comments**


**Signature of person completing the form**

<b>Signature</b>		<b>Date</b>	
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**Office use only****Please  upon completion**

<b>Date received</b>		<b>Copy given to Coordinator Environment team (GCWW)</b>	
<b>Received by (Officer's name)</b>		<b>Copy given to Exec Coordinator Environment &amp; Catchment (GCWW)</b>	
		<b>Copy given to Coordinator Customer Support and Revenue Services (GCWW)</b>	