

## MARINE POLLUTION INCIDENT REPORT (POLREP)

*This POLREP is to be completed with as much information as possible (regardless of the size of the spill) and faxed to:*

NT MPC at DIPE Marine , Fax: (08) 8924 7009, and

Duty Officer, AMSA, EPG Fax: (02) 6230 6868

Other: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Date/Time of Report</b>	____/____/____	____:____ (24 hr)	<b>Ref. No.</b>	
<b>Date/Time of Incident</b>				
<b>Location of Incident</b>				
	<b>Latitude</b>		<b>Longitude</b>	
<b>Original Report Source</b>	<b>Name</b>			
	<b>Position</b>			
	<b>Contact</b>	<b>Address</b>		
		<b>Telephone</b>		
		<b>Fax</b>		
<b>Mobile</b>				
<b>Nature of the Incident &amp; Spill Source</b>				
<b>Point of Discharge</b>				
<b>Identity &amp; Position of Adjacent Vessels</b> (if source unknown)				
<b>Cause of Discharge</b>				
<b>Oil Type or Description</b>				
<b>Nature &amp; Extent of Pollution</b>				
<b>Movement &amp; Speed of Movement</b>				
<b>Has Discharge Stopped?</b>				

**TURN OVER FOR PAGE 2 OF POLREP**

POLREP PAGE 2

<b>Weather/ Sea/ Tide Conditions</b>			
<b>Combat Agency</b>			
<b>Incident Controller</b>	<b>Name</b>		
	<b>Contact</b>	<b>Telephone</b>	
		<b>Fax</b>	
		<b>Mobile</b>	
<b>Statutory Agency</b>			
<b>Initial Response Actions</b>			
<b>Samples Taken?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, Detail <input type="text"/>
<b>Images Taken? (Tick Box)</b>	If Yes, Detail <input type="checkbox"/>	Photographs <input type="checkbox"/>	Video <input type="checkbox"/> Digital Photo <input type="checkbox"/>
<b>Additional Information</b>			
<b>POLREP Prepared By</b>	<b>Name</b>		
	<b>Agency</b>		
	<b>Position/ Role</b>		
	<b>Contact</b>	<b>Telephone</b>	
		<b>Fax</b>	
<b>Mobile</b>			
<b>Attachments?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes Note No of Pages Attached: _____			