

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 DLP Marine , Fax: (08) 8924 7009, and

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

Other: _____ Fax: _____

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

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