This report should be completed in conjunction with following the guidelines detailed in the DP Spill Response Plan and EP-017 Environmental Accident Management Plan.

	Incident Reference Number: (issued by HSE Lead)				
	Incident (✓):		Near Miss (✓):		
Name of person reporting:			**Date:**		
Location of incident:					
Who has been informed:	Site Manager/ Deputy	HSE Lead	Engineering Lead	Production Manager	Other *(state who)*
Incident description: e.g.: hydrochloric acid spill on ground					
Details of incident: Who, what, when, where, why, how					
Corrective actions: What corrective/emergency measures were used at the scene					
Environmental impact (if any):					

Notification to NRW To be completed by HSE Lead	If incident results in un-controlled release with a potential impact to the environment - **Contact NRW to Report Incident on 03000 65 3000** industryregulation.swwales@cyfoethnaturiolcymru.gov.uk **Date / Time of Notification:** **Name of contact person:**	
Corrective actions, including any NRW required actions/ improvements:		
Recommended actions/ improvements: To be completed by HSE Lead		
NRW follow-up actions (if applicable):		
Signatures:	Site Manager / Deputy:	HSE Lead:
Close Out Date:		