|  |  |  |
| --- | --- | --- |
|  **Incidents must be notified to ASNO within 2 hours of detection.**  | **Ref. No.** |  |
| ***What type of incident was it?*** |
|  |
| A “security” related incident?  “Other” incident?  | A “loss of control” incident?  |
| ***Refer to Explanatory Notes on the reverse of this form.*** |
|  |

***What was affected, and where? 🡪 Refer to Explanatory Notes on the reverse of this form***

|  |
| --- |
|  |
| Nuclear material?  Associated items?  During transportation?  |
|  |

***Details about the incident 🡪 If insufficient space, then send attachments***

|  |
| --- |
|  |
| Where did it happen? |  |  |
|  |
| Describe the incident: |  |  |
|  |
| Date & time incident detected: |  | Earliest possible date & time of incident: |  |  |
|  |
| What effect did the incident have? |  |  |
|  |
| What emergency responses were implemented:  |  |  |
|  |
| Which authorities were informed? |  |  |
|  |
| Names of Incident Coordinator(s)*:* |  | Phone number(s): | ( ) |  |
|  | ( ) |
|  |

***Details about the nuclear material or associated item (where applicable)***

|  |
| --- |
|  |
| Batch number/item name: |  | Material category: |  |  |
|  |
| General description: |  |  |
|  |

|  |
| --- |
| ***Signature and permit details*** |
|  |
| Name : |  |  |
|  |
| Position: |  |  |
|  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ |
|  |
| Permit Holder: |  | Permit No: |  |  |
|  |

Explanatory Notes

|  |  |
| --- | --- |
| **Ref.No.**  | A sequential reference number is required for each form of this type submitted by the Permit Holder (eg, 001, 002, 003, etc). Where amendments are made to a previously submitted form, please use the same reference with a sequential revision number (eg, 003-Rev.1). |
| **Incident notification – sequencing of actions** | 1. In the first instance, all incidents must be notified by phone to the ASNO on-call officer **within two (2) hours of detection of the incident**.
2. Secondly, complete and fax this form to ASNO within four (4) hours of detection of the incident.
 |
|  |

|  |  |
| --- | --- |
| **ACTION** | **INFORMATION** |
| 1. Phone ASNO on-call officer
 | Mobile: +61 (0)408 423 750 |
| 1. Complete / fax this form to ASNO
 | Fax: +61 (0)2 6261 1908 |

 |
| **“Security” related incident**  | Thetampering with, or breaching of (either partially, or fully), the practical and/or institutional measures designed to prohibit unauthorised access to nuclear materials, associated items or uranium ore concentrates (UOC).  |
| **“Loss of Control” incident**  | The situation in which a permit holder has lost the ability to apply permit conditions—on a continuous basis—to the nuclear material, associated items or UOC. |
| **“Other” incident**  | The situation in which external factors (eg, weather) have directly impacted on the approved arrangements for the transportation of nuclear material, associated items or UOC, causing a change to shipment schedules, integrity of the consignment, approved containerisation arrangements, approved transportation arrangements, approved vessels and/or the approved transportation route. |
| **Date and time of incident**  | Providethe date and time the incident is determined to have occurred. Where this is not known, the last time control of the nuclear material, associated item of UOC was verified. |
| **Signature**  | This form must be signed by a representative of the Permit Holder (ie, the organisation) who will take responsibility for, and sign documents on behalf of, the organisation. |
|  |  |
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|  |  |
| **This form replaces the following forms 🡪** | ASO201 (version 3 - issued 22 July 2010), ASO202, ASO209, ASO216, ASO217 and ASO221 |