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Incident ID #	296
Incident Report #	311
HSNO Level	2

Version 5: DoL 26/08/05	Copy No.	<h1>Incident Report</h1> <p>Send to the Manager HSNO Project PO Box 3705 Wellington Or email to hsno@dol.govt.nz with "Incident Report" in the subject line</p>	ERMA Only Incident#: Report#:
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Reporting Agency:

DOL

Contact Person:

Ron Andrew / Mark Whatnall

Telephone:

Date: 06/04/08

Email Address (optional):

Section A - Description of the Incident

A1: When did it happen? 05/ 04/ 2008	A2: Where: ICEPAK COLLSTORES LTD, Devine Road, Tamahere HAMILTON
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A3: What was the situation of the Incident *(More than one response may apply)*

Private Dwelling	<input type="checkbox"/>	<i>If yes indicate nature below e.g. school, road, park, shop, Local Authority Road</i>
Public Place	<input type="checkbox"/>	
Work Place	<input checked="" type="checkbox"/>	<i>If yes indicate nature below e.g. spray painters, research laboratory etc.</i>
Motor Vehicle	<input type="checkbox"/>	Cool Store
Ship	<input type="checkbox"/>	Aircraft <input type="checkbox"/> Aerodrome <input type="checkbox"/>
	<input type="checkbox"/>	Train <input type="checkbox"/>

A4: Type of Incident *(More than one response may apply)*

For Substances:

Spill/Leakage	<input type="checkbox"/>	Explosion	<input checked="" type="checkbox"/>	Fire	<input checked="" type="checkbox"/>	Other <i>(please state below)</i>
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A5: Name of Substance(s) / Organism(s) Involved: *(Delete as appropriate)*

(If possible please provide the name of the main chemical(s) if the substance(s) go by a trade name)

Product Name: ~~HR12 Refrigerant Gas~~ HR22/50Z

UN: 1965

Material Safety Data Sheet is attached to report.

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A6: What was the cause of the incident: *(Give a brief account of the events which resulted in the Incident.. Include approximate quantity.)*

The cause of the incident is unknown at this stage. Pending further investigation.

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A7: What were the circumstances of the Incident: *(More than one response may apply)*

Natural Event <i>(Earthquake, Storm etc)</i>	<input type="checkbox"/>	Unintentional	<input type="checkbox"/>	Intentional	<input type="checkbox"/>
Compliance but failure of controls	<input type="checkbox"/>	Non-Compliance	<input type="checkbox"/>	Not Known	<input checked="" type="checkbox"/>

Section B – Effects of the Incident

B1: Were there any effects on people?

a) Yes	<input checked="" type="checkbox"/>	i) How many people became ill or were injured ii) How many people suffered serious harm <i>(as defined in the 1st Schedule to the HSE Act 1992)</i> iii) Were any people killed iv) Give details of the nature of the injuries: Explosion and Fire	<input type="checkbox"/>
No	<input type="checkbox"/>		7
Not Known	<input type="checkbox"/>		1

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b) How many people in total were exposed (this includes injured and ill people as well as those unaffected) 100+

c) What was the route of exposure regardless if anyone was affected *(more than one response may apply)*

Inhalation	<input checked="" type="checkbox"/>	Direct contact eg skin	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>
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B2: Were there any environmental effects

a) Yes	<input checked="" type="checkbox"/>	b) If yes what was affected <i>(more than one response may apply)</i>					
No	<input type="checkbox"/>	Water	<input checked="" type="checkbox"/>	Animals	<input checked="" type="checkbox"/>	Land	<input checked="" type="checkbox"/>
Not known	<input type="checkbox"/>	Air	<input checked="" type="checkbox"/>	Plants	<input checked="" type="checkbox"/>		

c) Status of environmental effects

Resolved	<input type="checkbox"/>	Ongoing	<input checked="" type="checkbox"/>	Not known	<input type="checkbox"/>
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Comments on steps taken: **Containment**

B3: Were there any other effects

a) Yes	<input checked="" type="checkbox"/>	b) If yes what was affected <i>(more than one response may apply)</i>					
No	<input type="checkbox"/>	Road Closure	<input checked="" type="checkbox"/>	Evacuation of Building(s)	<input checked="" type="checkbox"/>	Property Damage	<input checked="" type="checkbox"/>
Not Known	<input type="checkbox"/>	Other <i>(please state)</i>					

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B4: a) Did the incident affect the health and safety of people and/or the environment for more than 24 hours

Yes No Not known

b) Did the incident have the potential to affect the health and safety of people and or the environment for more that 24 hours?

Yes No Not Known

Section C – Enforcement Action

C1: What action was taken by the agency which is reporting the Incident:

Not applicable/Nil	<input type="checkbox"/>	Declaration of Emergency	<input type="checkbox"/>	Compliance Order	<input type="checkbox"/>
Prosecution	<input type="checkbox"/>	Infringement Notice	<input type="checkbox"/>	Other (please state)	<u>HSTLC Group</u>

C2: Did any agency other than your own attend the incident Yes No Not known

If yes what was the other agency (more than one response may apply)

Territorial Authority	<input checked="" type="checkbox"/>	Regional Council	<input checked="" type="checkbox"/>	Public Health Service	<input checked="" type="checkbox"/>	OSH	<input checked="" type="checkbox"/>
Fire Service	<input checked="" type="checkbox"/>	Ambulance	<input checked="" type="checkbox"/>	Police	<input checked="" type="checkbox"/>	MAF	<input type="checkbox"/>
Defence	<input type="checkbox"/>	Other (Please state)					

C3: Is any agency other than your own investigating this incident further Yes No Not known

If yes what is the name of that agency? NZ FIRE SERVICE

Additional Comments

Deceased Fireman



Injured Fire Fighters

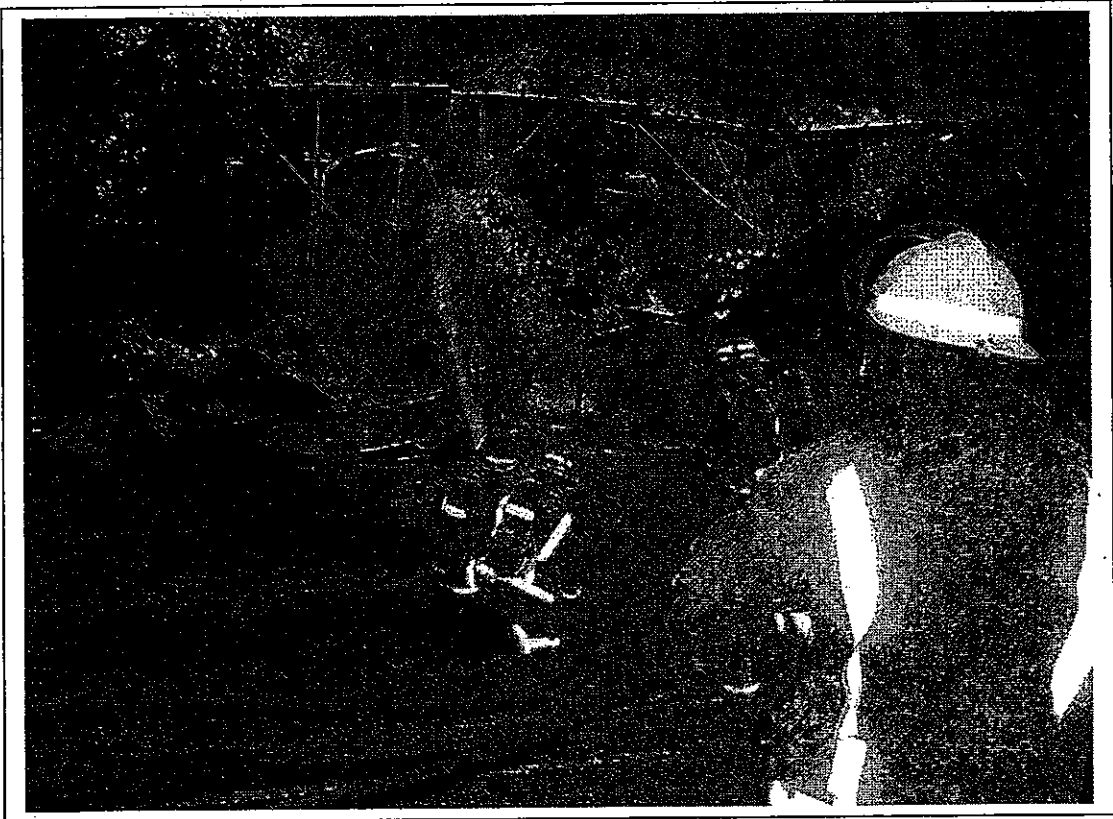
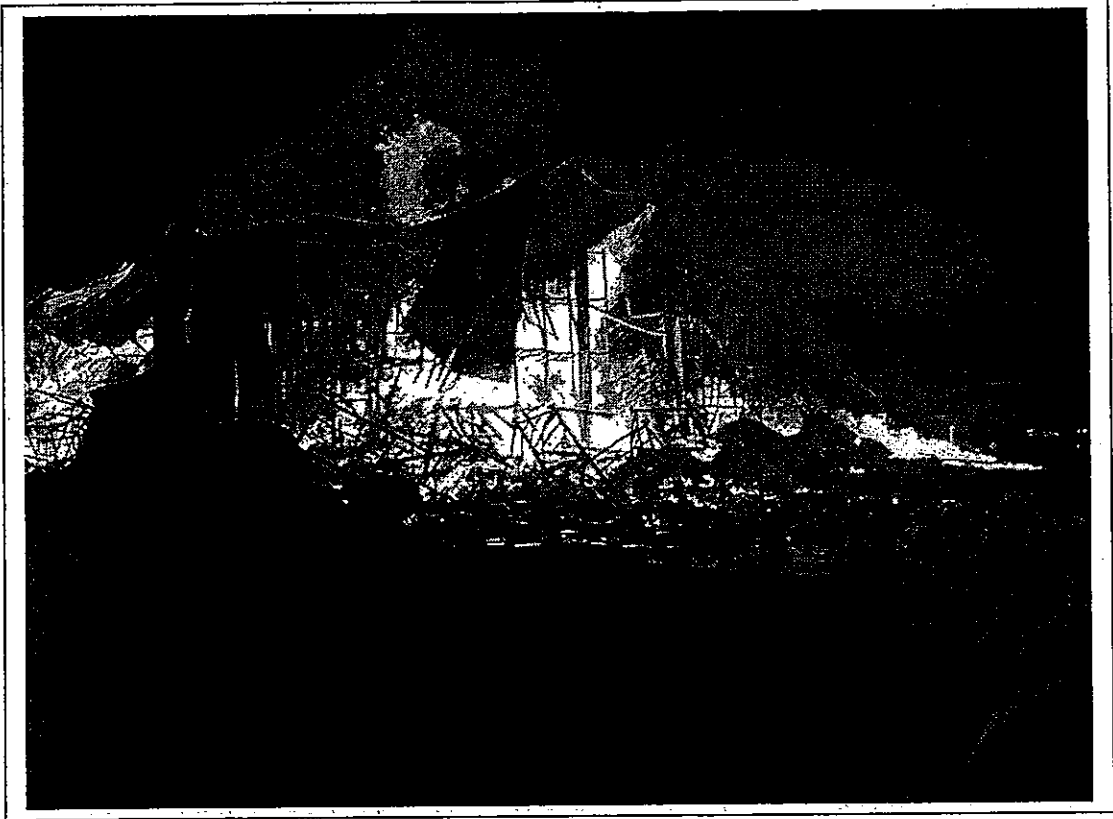
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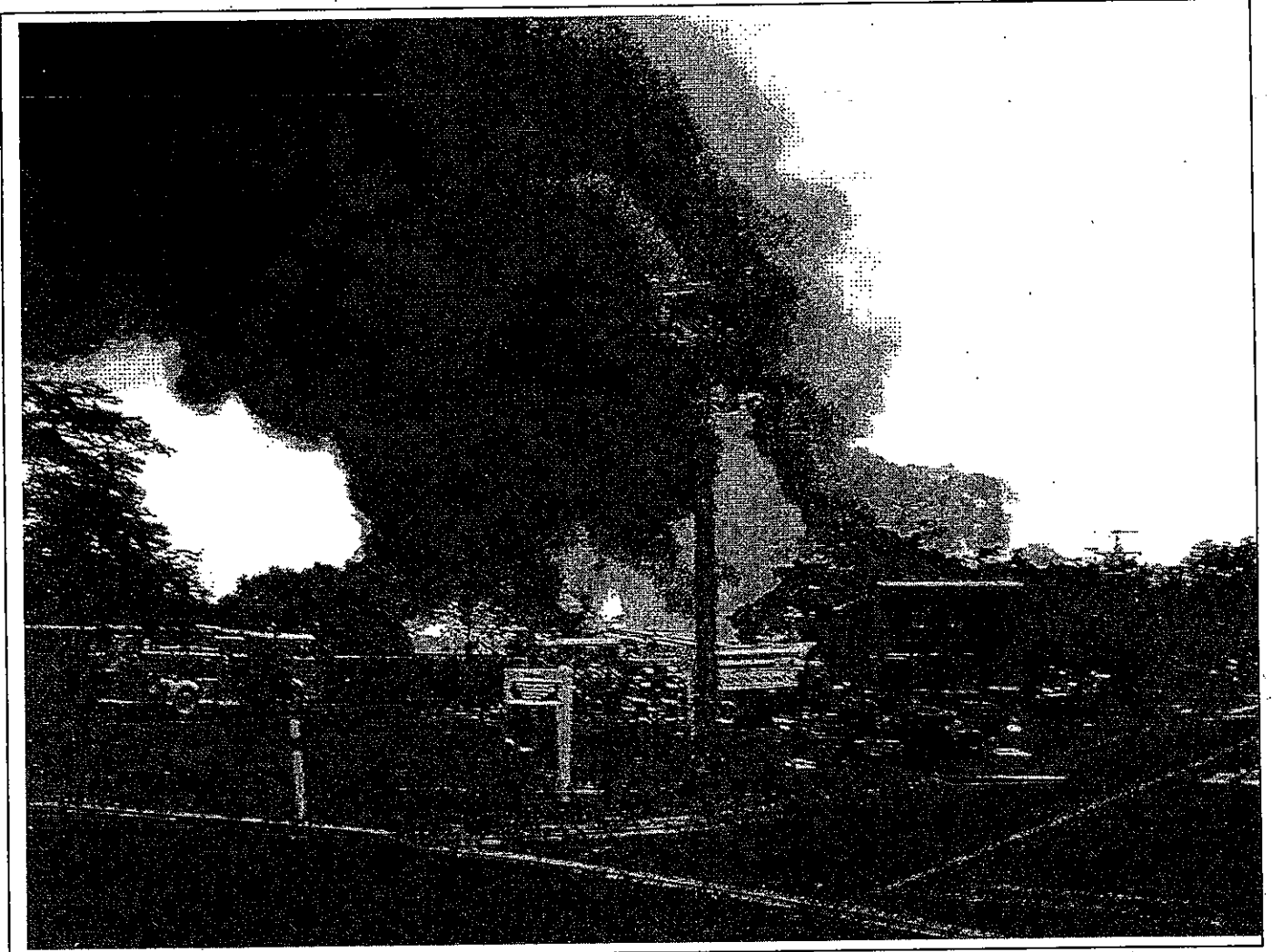
Contacts

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Photos of Incident







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