

# Incident Reporting Form

This form should be used to report any incident of potential non-compliance arising from dealings with genetically modified organisms (GMOs). This includes Dealings involving Intentional Release (DIR), e.g. crop field trials; through to Dealings Not involving Intentional Release (DNIR), Notifiable Low Risk Dealings (NLRDs) or other authorisations conducted in Certified Facilities or alternate facilities authorised by the Regulator. Please fill out as much information as possible.

In case of emergency, please contact the OGTR via free call on 1800 181 030 (24 hours), e.g. if it is known or suspected that GMOs have escaped authorised containment.

## Overview

**Has the GMO escaped beyond authorised containment? Has it subsequently been contained / decontaminated?**

## Details of GMO dealings

**Description of GMO dealing:**

(e.g. DIR or DNIR Licence number, NLRD number, exempt or nil GM work)

**For DIR licences specify:**

- **location of the dealings (site number or facility)**
- **current status of the dealing** (e.g. current; flowering; or post-harvest monitoring)
- **surrounding environment / crops** (e.g. proximity to other crops; detail whether other GM or non-GM crops are in the vicinity and their developmental stages such as flowering)

**For contained dealings specify:**

- **the facility certification number (if applicable)**
- **current status of the dealing** (e.g. active work at the time of incident; or in storage)
- **what other work is conducted in the facility** ( e.g. description and authorisation number for dealings; DNIR, NLRD, exempt or non-GM work)

## **Details of incident**

### **Details of the incident:**

- **Time and date of incident**
- **Address of the incident / dealings**
- **Persons involved** (e.g. name – include also where possible; organisation, position, contact details)

### **Detailed description of the incident, including:**

- **Sequence of events**
- **Contributing or mitigating factors**
- **Actions / proposed actions in response to the incident** (e.g. existing / proposed contingency plans / decontamination)

### **Other information and evidence attached** (e.g. photographs)

## **Your contact details**

**Title:** (e.g. Dr, Mrs, Mr)

**Name:**

**Organisation and role:**

**Phone number:**

**Email address:**

**Date:**

**Signature:**