A notice to the chief executive of the Department of Health must be given when a notifiable incident occurs.

A notifiable incident means an exposure, spillage or other release of a pesticide or fumigant that adversely affects, or is likely to adversely affect, a person’s health. Examples of a notifiable incident include:

- accidental exposure of a person to a pesticide or a fumigant during application;
- exposure of a worker to a fumigant because of a failure of protective equipment;
- accidental injection of pesticide into reticulated water system; or
- spray drift resulting in exposure of a person to the pesticide mist.

This guide contains information for completing the attached “Notice to Chief Executive – Notifiable incident form”.

The Pest Management Act 2001 (the Act) and the Pest Management Regulation 2003 (the Regulation) can be accessed electronically on the Queensland legislation webpage at https://www.legislation.qld.gov.au/Acts_SLs/Acts_SL.htm

It an offence under section 123 – Notifiable incidents of the Act for a pest management technician (PMT) to fail, without a reasonable excuse, to notify the chief executive about the occurrence of a notifiable incident.

Under the Act, the notice must be given immediately, orally or in writing and state enough particulars to identify the incident, its nature and its location. If notice is provided verbally, the technician must give the Chief Executive a written notice within seven (7) days from when the incident occurred. Verbal advice regarding the incident can be made to an authorised officer from the Queensland public health system in either the Environmental Hazards section of the Health Protection Unit on 3328 9310 or the environmental health section of your local Public Health Unit (PHU). PHU contact details are located at www.health.qld.gov.au/cho.

General information

1. When you complete the notice form, please print clearly and answer all sections in full and forward to:

   Chief Executive  
c/o Senior Licensing Officer  
Health Protection Unit  
Queensland Health  
PO Box 2368  
FORTITUDE VALLEY QLD 4006

Please cross ☒ each checkbox below as you complete the notice form to ensure that you have provided all information requested.

Section 1 - Pest management technician licence details

☐ Provide full name as it appears on your current pest management technician licence.

☐ Provide your current pest management licence number.

☐ Provide contact details.
Section 2 - Pest management employer details (if applicable)
☐ Provide employer name.
☐ Provide employer contact details - name, address, contact telephone and email.

Section 3 – Verbal notification details
☐ Record the details of the officer’s name, position and work location i.e. name of Public Health Unit where verbal notification was provided.
☐ Provide the date and time when the verbal notification occurred.

Section 4 – Details of the notifiable incident
☐ Tick the most appropriate box that applies to your situation.
☐ Provide the full name of the trainee involved in the incident.
☐ Provide the date and time the incident occurred.
☐ Provide sufficient details to describe the location (place) where the incident occurred. Include specific building details such as the type of premises (e.g. Residential / multiple dwelling), details of the floor/room number and its location on site (specifically where there are multiple buildings located on the same site).
☐ Provide physical address details for the premises.
☐ Provide sufficient details to describe the facts and circumstances of the incident. These details may include:
  • how the incident occurred;
  • what pesticides/fumigants were used and at what concentration;
  • any action taken or proposed to be taken to remedy the incident;
  • names of any persons exposed;
  • type of exposure, skin, inhalation or oral;
  • symptoms experienced;
  • first aid received and medical treatment assessment;
  • condition of affected person;
  • spillage, volume and how spill occurred;
  • method used to contain spill;
  • spill clean-up and disposal of contaminated material;

Section 5 – Declaration
☐ Ensure the notice form is signed and dated.

Further information on pest management can be accessed electronically from the Department of Health’s Health Protection website at http://www.health.qld.gov.au/industry/poisons_pest/#pest

General enquiries can be made to:
Tel: (07) 3328 9310
Email: environmentalhazards@health.qld.gov.au or your local Public Health Unit on http://www.health.qld.gov.au/cdcg/contacts.asp
### Notice to Chief Executive - Notifiable Incident

Section 123 Pest Management Act 2001  
*(Please refer to the guide when completing this application)*

#### 1. Pest management technician details

<table>
<thead>
<tr>
<th>Given names (no abbreviations)</th>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>License number PMT-</td>
<td></td>
</tr>
<tr>
<td>Telephone</td>
<td>Mobile</td>
</tr>
<tr>
<td>Postal address</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Employer details (if applicable)

<table>
<thead>
<tr>
<th>Employer Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer address</td>
<td></td>
</tr>
<tr>
<td>Employer Telephone</td>
<td></td>
</tr>
<tr>
<td>Employer Email address</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Verbal notification details

| Name of officer notified       | |
| Position of officer notified   | Work location |
| Date notified                  | Time notified |

#### 4. Details of the notifiable incident

Cross 1 box only

- The notifiable incident occurred when I was:  
  - □ carrying out a pest management activity;  
  - □ supervising the carrying out of a pest management activity by a trainee.

<table>
<thead>
<tr>
<th>Trainee’s given name</th>
<th>Trainee’s surname</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Time of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building details</td>
</tr>
<tr>
<td>Street address</td>
</tr>
</tbody>
</table>
5. **Declaration**

I declare that the information stated in this notice form to the best of my knowledge is true, correct and complete.

<table>
<thead>
<tr>
<th>Technician to sign and date</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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Form PMA03.19 ver2 February 2014