



Notification Form

Notification of Discharge of a Controlled Extinguishing Agent

I (name) _____

of:

(company) _____

(address) _____

hereby notify the Fire Protection Industry (ODS&SGG) Board of the discharge of an extinguishing agent controlled under the *Ozone Protection and Synthetic Greenhouse Gas Management Act 1989*.

Date of Discharge of Extinguishing Agent / /

Location where discharge occurred

Type of Extinguishing Agent

Amount (nett weight in kilograms)

Reason why discharge occurred

Personnel involved (titles are more important than actual names)

Actions proposed to prevent further discharge

Actions Completed? Yes No

Other relevant information _____

I certify, to the best of my knowledge, that the information provided is true and correct.

Name _____

Position _____

Signature _____

Date / /

Return this Notification Form to:
Executive Officer
Fire Protection Industry
(ODS & SGG) Board
PO Box 1049,
Box hill Vic 3128

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 E ozone@fpib.com.au