

Marine Recovery Management MEER - MRCG

When blank, this form is classed as OFFICIAL, when filled out, this form is classed as OFFICIAL-SENSITIVE.

Incide	nt Name:			Time & Date:		
		Marine Area Recovery	/ Management	Information		
	Background	d of the emergency / incident (R	efer to Impact	Statement and End Poi	int Criteria)	
Incident	t Type:		Marine are	a location map:		
Incident	Date:					
Incident	Location:					
Incident	Level:					
Controll	ing Agency:					
Incident	Description:					
Ford Dail	ort Onitariia Bafanana					
	nt Criteria Reference:					
	Statement Reference: ed Areas:					
1	al Environment	Built Environment	Econo	omic Environment	Natural	Environment
		Recovery	Requiremer	ıts		
(eg. S		ironmental Rehabilitation/Remedia	tion, Return of C	Community to pre-inciden		ng or 'new-
	normal', Co	ompletion of Investigation / Regulat		Recovery and/or Respon	ise Review)	
Ser.		Require	ment:			Completed?
1.						
2.						
3.						
4.						
5. 6.						
7.						
8.						
9.						
10.						
10.						

Page 1 of 2 09-07-38-0723

Incident Name:	Time & Date:
Recovery (Update of Current Actions, Emergina	Summary g Risks/Issues and Public Information)
Social Environment:	Built Environment:
Economic Environment:	Natural Environment:
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Emerging Risks:	Emerging Issues:
Public Information Arrangements:	

Incident Name:

Time & Date:

Recovery Actions Tracker							
#	Action Description	Responsibility	Start Time/Date	Status	Notes	Target Time/Date	Completion Time/Date
				Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete			
				Briefed			
				Planned			
				In-progress			
				Complete			

Incident Name: Time & Date: **Recovery Organisation** State Marine Pollution Marine Recovery Local Recovery Coordinator Coordinator Coordinator **Controlling Agency** Regulator Maritime Casualty Coordination or Wreck Removal **Management Support** Sub Committee: Natural Sub Comittee: Economic/Built/Social ESC DBCA DWER DPIRD PORT AUTHORITY **Recovery Contacts** Role/Position Name Organisation Method(s) of Contact (phone, email)

Marina Dagayary Managament				
Marine Recovery Management				

Coordinator

Prepared by Marine Recovery Approved by Marine Recovery Coordination Group