



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

Incident Name:

Time & Date:

Marine Area Recovery Management Information

Background of the emergency / incident (Refer to Impact Statement and End Point Criteria)

Incident Type:

Incident Date:

Incident Location:

Incident Level:

Controlling Agency:

Incident Description:

Marine area location map:

End Point Criteria Reference:

Impact Statement Reference:

Impacted Areas:

Social Environment

Built Environment

Economic Environment

Natural Environment

Recovery Requirements

(eg. Scientific Monitoring, Environmental Rehabilitation/Remediation, Return of Community to pre-incident level of functioning or 'new-normal', Completion of Investigation / Regulatory Action, Cost Recovery and/or Response Review)

Ser.	Requirement:	Completed?
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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

Recovery Organisation

State Marine Pollution Coordinator

Marine Recovery Coordinator

Local Recovery Coordinator

Controlling Agency

Regulator

Management Support

Maritime Casualty Coordination or Wreck Removal

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)

DTMI may collect your name, personal contact details, identifying details (e.g. position title and officer number, if applying in the course of your duties as a government officer) and signature to assess your application to access information collected by DTMI. The details you provide will be retained as a record of your request for this information.

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