Tasmanian Government

**Information Management Framework**

**Implementation Tool**

**Incident Notification Form** (Also available as an online form)

This Form supports the *Destruction Methods Standard, Information and Records Management Standard* and *Physical Storage Standard*.

**In the event of an emergency or imminent threat, please contact the Office of the State Archivist directly on 03 6165 5581.**

|  |  |
| --- | --- |
| Organisation name: | |
| **Incident type:** | |
| Flooding  Fire / smoke damage  Inappropriate disposal (eg records found at rubbish tip)  Mould outbreak  Rodent infestation | Theft  Unauthorised destruction of records  Other ***[please specify]*** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact name:** | | | | | **Position:** | | | |
| **Telephone:** | | | | | **Email:** | | | |
| **Date of incident:** | | | | | **Date of report:** | | | |
| **Location of records:** | | | | | | | | |
| I confirm my organisation has supplied all relevant information about this notification.  **Name:** | | | | | | | | |
| **Signed:**  (Chief Executive Officer or authorised delegate) | | | | | **Date:** | | | |
| **Damage Assessment *[delete this box if not applicable]*** | | | | | | | | |
| The records covered in this incident notification are not salvageable as a result of (tick all that apply): | | | | | | | | |
| Approved retention period close to expiry  Excessive damage  Hazard / health risk  Prohibitive salvage / restoration costs  Unauthorised destruction of records  Other ***[please describe]*** | | | | | | | | |
| **Impact Statement**  ***[Explain the impact of the loss of these records on your business, e.g. any current or pending legal action, Right to Information applications, critical business functions, sensitivity of information, etc.]***   | | | | | | | | |
| **Background**  ***[Provide background to the incident, and circumstances surrounding the loss.]*** | | | | | | | | |
| **Preliminary investigation**  ***[Summarise details of any internal incident investigation in progress or completed. Include information that may have contributed to the incident occurring, including lack of procedures/policy etc.]*** | | | | | | | | |
| **Intended action plan**  ***[Provide details of any intended action plan to mitigate future risk of a repeat incident. Include any proposed restoration/conservation plans for approval by our conservator. Also document any ability to reinstate and/or recreate the records from other sources, whether from back up tapes, business systems, external parties, etc. Note that additional actions may be recommended by our staff.]*** | | | | | | | | |
| Evidence ***[Please attach any supporting evidence to this form. This may include photographs of the incident leading to the loss of State records, copies of assessor’s and/or investigation reports, statutory declarations about the loss of State records, etc.]*** | | | | | | | | |
| Affected Records | | | | | | | | |
| Date range | Records description | Qty | Format | Schedule No | | Class ref | Retention | Can the record be recreated or sourced elsewhere? (Y/N) |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  |  |  |  |  | |  |  |  |
|  | ***[insert extra rows as needed]*** |  |  |  | |  |  |  |