NOTIFICATION OF INCIDENT CAUSED BY SUSPECTED NON-CONFORMING BUILDING PRODUCT (NCBP) (PERSON IN CHAIN OF RESPONSIBILITY)

INFORMATION REGARDING FORM

This is the approved form for a person in the chain of responsibility (e.g. product designer/manufacturer/importer/supplier/installer/ architect/engineer) for a non-conforming building product (NCBP) who becomes aware, or reasonably suspects, that a notifiable incident was or may have been caused by the use of the product to give notice of the matter in accordance with section 74AM of the *Queensland Building and Construction Commission Act 1991*.

Notice of the matter must be given to the QBCC as soon as practicable but **within 2 days** after becoming aware or reasonably suspecting.

A notifiable incident means-

- (a) the death or serious injury or illness of a person; or
- (b) an incident that exposes a person to a risk of serious injury or illness, such as the collapse or partial collapse of a building

PRIVACY NOTICE

The QBCC is collecting information on this form to assist in the investigation of a suspected or known NCBP and any notifiable incident that was or may have been caused by the use of the building product. The information may be considered during an investigation of a possible contravention of the law.

Please also note that:

- the information may be used in taking disciplinary, regulatory or enforcement action and may indicate the origin of this notice
- supporting evidence provided by you may be provided to others
- you may be required to give evidence in Court

- the information collected may be required by other government agencies which have certain powers to request this information or disclosed by order of a court or tribunal of competent jurisdiction.
- This information can be disclosed by the QBCC to another party with your consent or as authorised or required by law.

For further information about Privacy visit the QBCC website at gbcc.qld.gov.au.

COMPLETING THIS FORM

This is an interactive PDF form that you may complete in the web browser and save before submitting via email. If you are completing this form in hard copy:

- Use a BLACK pen only
- Print clearly in BLOCK LETTERS
- DO NOT use correction fluid, cross out and inital amendments.

RETURN YOUR COMPLETED FORM AND ALL REQUIRED DOCUMENTS BY:

- email to: ncbp@gbcc.gld.gov.au (scan and attach required documents)
- in person: QBCC service centres are listed on our website.
- post: GPO Box 5099 Brisbane QLD 4001

1. PERSONAL DETAILS								
Title	Mr	Mrs	Miss	Ms		Other		
Surname								
First name								
Postal address								
					State	5	Postcode	
Home phone					Mobile	9		
Email								
2. YOUR ROLE IN RELATION TO THE PRODUCT?								
Product des	signer	Manufacture	r Im	nporter	Supplier	Installer	Architect	Engineer
Are you a QBCC lid	censee?							
No		Yes						
What is your licence n	umber?							



3. PRODUCT DETAILS					
Please provide a description of the product					
Field character limit: 640					
What date did you become aware of the suspected NCBP? D D M M Y Y Y Y H H H	M M				
Date Time NCBP was identified/occured:	M M				
y y machinedy occured.	•				
What action have you taken since becoming aware of the suspected NCBP?					
Field character limit: 640					
Who else have you advised of the suspected NCBP?					
4. LOCATION OF THE SUSPECTED NCBP/ASSOCIATED BUILDING WORK					
Real Property Description:					
Plan type Lot no (RP/SP/BUP/GTP)	Plan number				
Address	Harriber				
Suburb/Town	ı	Postcode			
Further incident location information (e.g. shop number, room name/type)		osteode			
Tartier mederic location morniation (e.g. 3nop namber, room name, type)					
Field character limit: 900					
Are you the owner of this property?		Yes	No		
If you are not the owner , what is your relationship/involvement with the above-mentioned party?					
,					
Field character limit: 320					
Is this is a residential property?		Yes	No		



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5. INCIDENT DETAILS

Are you aware of a notifiable incident that was or may have been caused by the use of the suspected NCBP?

Yes

No

A notifiable incident means-

- (a) the death or serious injury or illness of a person; or
- (b) an incident that exposes a person to a risk of serious injury or illness, such as the collapse or partial collapse of a building.



If yes, please provide details of the incident and why it was or may have been caused by the use of the NCBP. Please provide as much detail as possible. (e.g. The events that led to the incident. The work undertaken when the incident happened. The overall action, exposure or event that best describes the circumstances that resulted in the injury, illness, fatality or the dangerous event. The object, substance or circumstance which was directly involved in inflicting the injury, illness, fatality or the dangerous event. The name and type of any machinery, equipment or substance involved. Was anyone else involved?)

Field character limit: 1800

How many people were injured or how many fatalities?

Field character limit: 640

Has the location been secured, and how?

Field character limit: 640

What action has been taken to prevent any further risk?

Field character limit: 640



IF YOU ARE A QBCC LICENSEE legislation requires you to also complete a 's54A Notifiable Incident Safety Matter Form' and provide it to the QBCC. We have provided the direct QBCC website address at the bottom of this form in the "IMPORTANT" section under the heading: 'How will this information be used?'



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Have you asked any other organisation for help?

Yes

No

If yes, which organisation was it?

If yes, what help have they given you? (use the space provided below)

Field character limit: 640

7. DOCUMENTS PROVIDED WITH THIS NOTIFICATION

Please tick the documents (if any) that you have provided with this notification.	
Copy of contract	Yes
Copy of quotation	Yes
Copies of plans, specifications, manufacturer's product information etc.	Yes
Copies of any forms given or received for the work	Yes
Copies of invoices issued to you or by you	Yes
Copies of receipts	Yes
Copies of advertisements	Yes
Copy of business card or other documentation to help identify the relevant party	Yes
Copy of any correspondence between you and the relevant party	Yes
Copies of complaints made to other organisations	Yes
Photos of NCBP or building work	Yes

Other (please specify)



8. DECLARATION

Please ensure you have completed all relevant fields and have included all relevant documentation and evidence. (If the QBCC is not provided with sufficient information your complaint may not be investigated and you will be notified accordingly.)



WARNING: PLEASE NOTE, it is an offence under section 108C of the *Queensland Building and Construction*Commission Act 1991 to give the Commission a document containing information the person knows is false or misleading. The QBCC may exchange information under section 28B of the *Queensland Building and Construction*Commission Act 1991 with other agencies including information provided on this form.

I declare the information provided in this complaint, to the best of my/our knowledge, is true and correct.

Name of person providing the declaration

Applicant's signature





Please ensure the Declaration is not dated more than one (1) month prior to the date the application is submitted to QBCC.

IMPORTANT



DO NOT SEND ORIGINAL DOCUMENTS - the QBCC cannot return documents.

Any documents provided by you will be destroyed in accordance with Principle 7 - Information Standard 40.

How will this information be used?

- The QBCC may, by written notice given to a person in the chain of responsibility for the building product, direct the person to take stated action within a stated period to remove or minimise safety risks
- The QBCC may use the information provided in this notification for intelligence and administration purposes.

Please note these forms do not fulfil your requirement to report incidents of a Workplace Health and Safety issue on a building site with WorkCover Queensland or any issues Queensland Health need to be aware of.

A workplace incident that falls into one of the below categories is required to be notified to the Office of Fair and Safe Work Queensland under the *Work Health and Safety Act 2011*, the *Safety in Recreational Water Activities Act 2011*, or the *Electrical Safety Act 2002*.

Use this form to notify Workplace Health and Safety of an incident or to make a claim under WorkCover Queensland: ols.workcoverqld.com.au/ols/public/incident/registration.wc

To report an issue to a Queensland Health public unit, please follow this link: health.gld.gov.au/system-governance/contact-us/contact/public-health-units

QBCC LICENSEES PROVIDING DETAILS OF A NOTIFIABLE INCIDENT

You are required to also submit a s54A 'Notifiable Incident Safety Matter Form' to the QBCC: qbcc.qld.gov.au/notification-safety-matters/notification-safety-incidents-site