



Your ref:  
Our ref:  
Enquiries:  
Phone:  
Fax:  
Email:

Nominated Contact for the External Agency  
INSERT POSTAL ADDRESS

**Date of issue**

## **MANAGEMENT LETTER –**

The Department of Parks and Wildlife has identified the following contravention of forest management requirements:

### **External Agency –**

**Supervisor** –

**Contractor** –

**DPaW Region** –

**DPaW District** –

**Forest Block** –

**Location/Coupe** –

**Operational Control Breached or Unsatisfactory Environmental Outcome:**

**Details of Breach or Unsatisfactory Environmental Outcome:**

**Preventative Action Required (Identify Immediate / Short term / Medium-Long term):**

**Date by Which Remedial Action Required to be Completed:**

**Variations to DPaW Operational Approvals:**

This Management Letter is issued by:  
Name  
Regional Manager  
Department of Parks and Wildlife

**Any concerns or queries should be directed to the DPaW Regional Manager.**



**External Agency Response (complete the following two boxes):**

**Describe the Actions Undertaken to Meet Required Standard:**

Signed ..... Date .....  
Name (print) ..... Position .....

**Action Taken to Prevent Recurrence:**

Signed ..... Date .....  
Name (print) ..... Position .....

On completion of the above two boxes, please return to relevant DPaWManager.

**DPaW Follow-up:**

**Closure of ML**

Date ML Closed .....  
DEC Manager ..... Date .....  
Name (print) ..... Position .....

Copies to -

**Initial Letter to External Agency, with copies to;**

Nominated Contact for the External Agency:

External Agency Supervisor  
FEM Bunbury (Monitoring & Compliance Officer)  
DEC District Manager (name )  
DEC Regional Manager (name )  
Director Conservation Commission

**2. On Closure of ML**

Nominated Contact for the External  
Agency: FEM Bunbury (Monitoring &  
Compliance Officer)  
DPaW District Manager (name )  
DPaW Regional Manager (name )  
Director Conservation Commission

**External Agency response (complete the following two boxes):****Describe the Work Undertaken to Meet Required Standard:**

Signed.....

Date.....

me (print).....

Position.....

**Action Taken to Prevent Recurrence:**

Signed.....

Date.....

me (print).....

Position.....

On completion of the above two boxes, please return to DPaW District Manager.

**DPaW follow-up****Has the required work been completed to a satisfactory standard?****Y / N**

DPaW Officer Inspecting Coupe.....

Date.....

DPaW District Manager.....

Date.....

Name (print).....

Position.....

**Closure of WIN:**☐ Satisfactory☐ Unsatisfactory**Reason for Unsatisfactory Closure:** .....**Further Action:** .....**Date WIN Closed:**.....

DPaW Regional Manager.....

Date.....

Name (print).....

Position.....

**Distribution:****Initial Letter to External Agency, with copies to:**

Nominated Contact for the External Agency

External Agency Supervisor

Manager Ecosystem Health Branch Bunbury

DPaW District Manager (name)

DPaW Regional Manager (name)

Director Conservation Commission

**On closure of WIN, copies to:**

Nominated Contact for the External Agency

Manager Ecosystem Health Branch Bunbury

DPaW District Manager (name)

DPaW Regional Manager (name)

Director Conservation Commission

DPaW FEM 002

Commenced: 23 November 2006

Last updated: 30 April 2014

Custodian: Manager, Ecosystem Health Branch

Approved by: Director, Forest and Ecosystem Management Division



Department of  
Parks and Wildlife

## SFM Incident Recording Form

FORM  
FEM001

Region: \_\_\_\_\_

District: \_\_\_\_\_

Location: \_\_\_\_\_

Location of incident: (attach appropriate scale map and/or GPS coordinates): \_\_\_\_\_

Date incident occurred (if known): \_\_\_\_\_

Date incident was observed: \_\_\_\_\_

Description of incident: \_\_\_\_\_

Identified causes (if known): \_\_\_\_\_

Impact / Seriousness of incident: \_\_\_\_\_

Who is undertaking the activity that resulted in the incident: (Name/Company) \_\_\_\_\_

Other persons observed: \_\_\_\_\_

Vehicle registration: \_\_\_\_\_

Description of machinery: \_\_\_\_\_

Other comments: \_\_\_\_\_

Persons other than SFM Officer reporting the incident:

Title: Mr/Mrs/Ms/Miss/Dr \_\_\_\_\_ Name: \_\_\_\_\_

Organisation/Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: H/W/Mob \_\_\_\_\_

Action taken:

Name of DPaW person receiving report: \_\_\_\_\_

Position: \_\_\_\_\_

Date/Time: \_\_\_\_\_

☐ No further action required

☐ Action taken; briefly state actions taken: (e.g. District Manager notified / WIN/ML issued).

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Commenced: 23 January 2007

Effective From: 28 August 2013

Custodian: Manager, Ecosystem Health Branch

Approved by: Director, Forest and Ecosystem Management Division



Department of  
Parks and Wildlife



Your ref:  
Our ref:  
Enquiries:  
Phone:  
Fax:  
Email:

Nominated Contact for the External Agency  
INSERT POSTAL ADDRESS

**Date of issue**

## **WORK IMPROVEMENT NOTICE –**

The Department of Parks and Wildlife has identified the following contravention of forest management requirements:

**External Agency -**

**Supervisor –**

**Contractor -**

**DPaW Region –**

**DPaW District –**

**Forest Block –**

**Location / Coupe -**

**Operational control breached or unsatisfactory environmental outcome:**

**Details of breach or unsatisfactory environmental outcome:**

**Corrective and preventative action required (Identify Immediate / Short term / Medium-Long term):**

**Date by which work is to be remediated:**

**Variations to DPaW operational approvals:**

**This Work Improvement Notice is issued by:**

Name  
Regional Manager  
Department of Parks and Wildlife

**Any concerns or queries should be directed to the DPaW Regional Manager.**