

SCHEDULE 10 PRESCRIBED WATER CONTAMINANTS

Source: Cairns Regional Council - www.cairns.qld.gov.au/water-waste-roads/stormwater-and-drains/water-contamination

Water contaminants list

- Waste and waste water generated from outdoor cleaning, including, for example, waste generated from high pressure water blasting of commercial or industrial premises, fuel dispensing areas, plant or equipment, roofs, streets, vehicles and wharves. A chemical, or chemical waste containing a chemical. Examples include:
 - biocide, including herbicide, fungicide and pesticide
 - a chemical that causes biochemical or chemical oxygen demand
 - per and poly-fluoroalkyl substances (PFAS)
- Building and construction materials, including bitumen, brick, cement, concrete and plaster. Examples include:
 - cement washed to create exposed aggregate treatment
 - coloured powder used to create stencilled concrete features
- a gas other than oxygen
- industrial waste
- a liquid containing suspended or dissolved solids
- putrescible waste, including, for example, food scraps
- a liquid that has a temperature different by more than 2°C from ambient water temperature
- regulated waste mentioned in schedule 9
- clinical waste
- animal matter, including dead animals, animal remains and animal excreta, and water used to clean animals, animal enclosures or vehicles used for transporting animals
- waste water, including backwash from swimming pools, condensate from compressors, water from air-conditioning or cooling systems and waste water from grease traps, waste and waste water, generated from outdoor cleaning, including, for example,
- waste generated from high pressure water blasting of commercial or industrial premises, fuel dispensing areas, plant or equipment, roofs, streets, vehicles and wharves
- sewage and sewage residues, whether treated or untreated, and any other matter containing faecal coliforms or faecal streptococci, including, for example, waste water pumped out from a septic tank
- any substance that has a pH outside the range 6.5 to 8.5
- vehicles and components of vehicles, including, for example, batteries and tyres
- plant matter, including, for example, bark, lawn clippings, leaves, mulch, pruning waste, sawdust, shavings, woodchip and other waste from forest products
- waste and waste water, generated from indoor cleaning, including, for example, waste from carpet or upholstery cleaning and steam cleaning
- building, construction and demolition waste, including bitumen, brick, concrete cuttings, plaster and waste water generated by building, construction or demolition
- paint, paint scrapings or residues, paint sludge, water used for diluting paint or washing painting utensils, and waste from paint stripping
- ashes, clay, gravel, sediment, stones and similar organic or inorganic matter
- waste generated from repairing or servicing motor vehicles, including, for example, engine coolant, grease, lubricants and oil
- glass, metal parts, paper, piping, plastic and scrap metal
- oil, including, for example, petroleum or vegetable based oil

Penalties

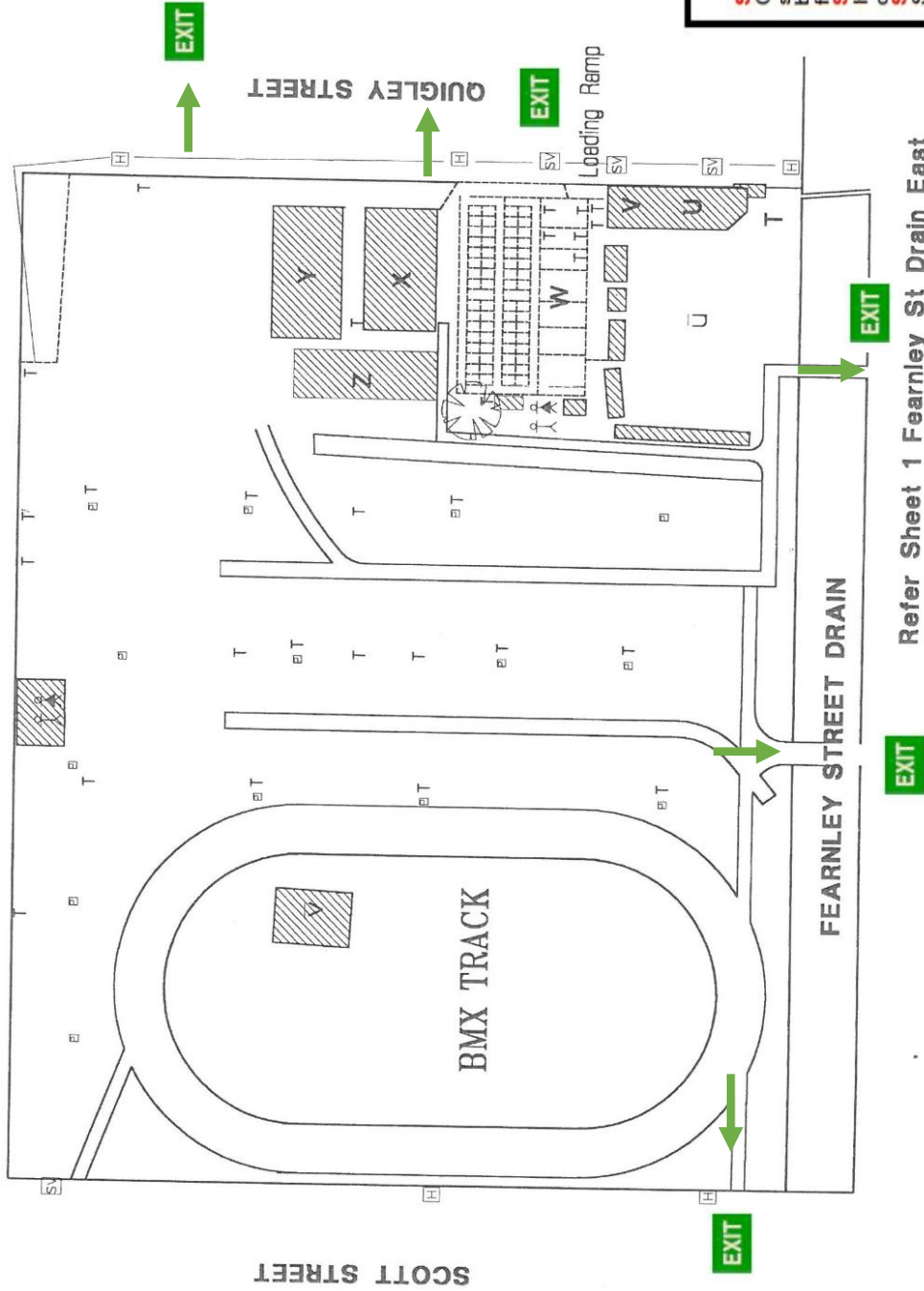
As at September 2019, the Section Penalty for offence under Section 440ZG of the Environmental Protection Act 1994 are:

- Individual - 15 Penalty Units, currently valued at \$2,001 (2019-2020)
- Corporation - 75 Penalty Units, currently valued at \$10,008

CAIRNS SHOWGROUNDS – EVACUATION PLAN

EVACUATION SIGN and DIAGRAM

CAIRNS SHOWGROUNDS CAMP SITE



Refer Sheet 1 Fearnley St Drain East

IN CASE OF FIRE

REMOVE PEOPLE
from immediate danger

ALERT THE FIRE SERVICE
• call 000

CONFINE FIRE & SMOKE
close doors and windows if safe to do

EVACUATE
to the ASSEMBLY AREA

	EXIT		FIRE HOSE REEL		INTERNAL HYDRANT
	EXIT		MANUAL CALL		PATH OF EXIT
	EXIT		EXTINGUISHER		MAIN PATH
	EXIT		FIRE BLANKET		ALTERNATE PATH
	EXIT		ASSEMBLY AREA		SWITCH BOARD
	EXIT		FIRST AID		FIRST AID



000
EMERGENCY
In an emergency dial 000

Mobility impaired persons should evacuate immediately on hearing the fire alarm assisted by a nominated person.

EVACUATION PROCEDURES

- STAGE 1:- Removal of people from the immediate Danger Area**
Occupants and staff in the immediate danger area are to assemble a safe distance away from the fire and smoke. When the area has been evacuated all doors and windows should be closed to contain fire.
- STAGE 2:- Removal to a Safe Area**
If the severity of the smoke or fire warrants further evacuation, occupants should be moved through fire/smoke doors to a safe area.
- STAGE 3:- Complete Evacuation of Entire Complex**
Should the emergency necessitate evacuation of the whole building, the Manager or the Fire Service will direct occupants from the safe place to the **ASSEMBLY AREA**.
- STAGE 4:- Roll Call.**
To be conducted as soon as possible and to ensure all Persons are accounted for. Report all missing persons to **FIRE OFFICERS**.

**CAIRNS SHOW ASSOCIATION
INCIDENT / ACCIDENT REPORT FORM**

Name of injured person: _____

Home address: _____

Phone: _____ Mobile: _____

D.O.B: _____ Male Female

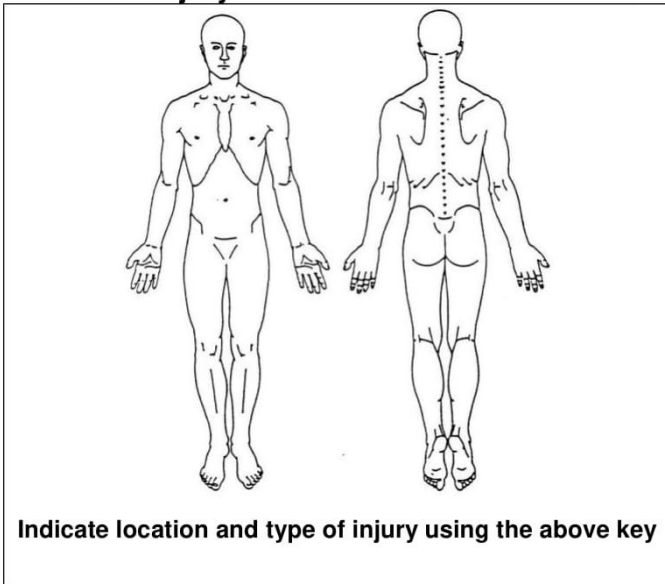
Doctor's Details: _____

Where did the accident occur (Venue)? _____

Exact place: _____ Time: _____ am/pm

Date: _____

Nature of Injury



Part of body injured:

- | | | | |
|--------------|--------------------------|---------------|--------------------------|
| Eye | <input type="checkbox"/> | Back | <input type="checkbox"/> |
| Ear | <input type="checkbox"/> | Torso – other | <input type="checkbox"/> |
| Face | <input type="checkbox"/> | HIB | <input type="checkbox"/> |
| Head – other | <input type="checkbox"/> | Groin | <input type="checkbox"/> |
| Neck | <input type="checkbox"/> | Knee | <input type="checkbox"/> |
| Shoulder | <input type="checkbox"/> | Ankle | <input type="checkbox"/> |
| Elbow | <input type="checkbox"/> | Foot | <input type="checkbox"/> |
| Wrist | <input type="checkbox"/> | Toe | <input type="checkbox"/> |
| Hand | <input type="checkbox"/> | Leg – other | <input type="checkbox"/> |
| Finger | <input type="checkbox"/> | Internal | <input type="checkbox"/> |
| Arm – other | <input type="checkbox"/> | Skin | <input type="checkbox"/> |
| Chest | <input type="checkbox"/> | Respiratory | <input type="checkbox"/> |
| | | Multiple | <input type="checkbox"/> |

Description of reason for personal damage:

- | | | |
|---------------------|---------------|--------------------|
| 01 Strain/sprain | 05 Fracture | 11 Allergy |
| 02 Bruise/crush | 06 Burn/scold | 13 Superficial |
| 03 Laceration / cut | 08 Bite/sting | 14 Multiple |
| 04 Dislocation | 09 Poisoning | 15 Alcohol related |
| | 10 Concussion | 16 Food related |

Action (first aid given): _____

Further action taken (if any): Nil Doctor

Ambulance Hospital

Accident Witness (1) name: _____ Phone: _____

Accident Witness (2) name: _____ Phone: _____

Reporting Person's name: _____

Signature: _____ Date: _____

Further comments (if necessary) Cairns Show Association only

Manager's Signature

Subsequent Action:

Workers' compensation form completed

Insurance claim form completed