

**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 building product who becomes aware, or reasonably suspects, that the building product is a non-conforming building product (NCBP) for an intended use or if the person is aware of a notifiable incident that was or may have been caused by the use of the building product for the intended use, to give notice of the matter in accordance with section 74AL 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 including the subject of the investigation

- 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 [qbcc.qld.gov.au](http://qbcc.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 initial amendments.

**RETURN YOUR COMPLETED FORM AND ALL REQUIRED DOCUMENTS BY:**

- email to: [ncbp@qbcc.qld.gov.au](mailto:ncbp@qbcc.qld.gov.au) (all required documents must be scanned and attached)
- 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	Postcode		
Home phone	Mobile				
Email					

**2. YOUR ROLE IN RELATION TO THE PRODUCT?**

Product designer	Manufacturer	Importer	Supplier	Installer	Architect	Engineer
Are you a QBCC licensee?						
No	Yes					
▼						
What is your licence number?						

### 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		M	M
Date		/		/					Time NCBP was identified/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:

Lot no	Plan type (RP/SP/BUP/GTP)	Plan number
Address		
Suburb/Town		Postcode

Further incident location information (e.g. shop number, 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

## 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?'**

**6. OTHER HELP**


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 <input type="checkbox"/>
Copy of quotation	Yes <input type="checkbox"/>
Copies of plans, specifications, manufacturer's product information etc.	Yes <input type="checkbox"/>
Copies of any forms given or received for the work	Yes <input type="checkbox"/>
Copies of invoices issued to you or by you	Yes <input type="checkbox"/>
Copies of receipts	Yes <input type="checkbox"/>
Copies of advertisements	Yes <input type="checkbox"/>
Copy of business card or other documentation to help identify the relevant party	Yes <input type="checkbox"/>
Copy of any correspondence between you and the relevant party	Yes <input type="checkbox"/>
Copies of complaints made to other organisations	Yes <input type="checkbox"/>
Photos of NCBP or building work	Yes <input type="checkbox"/>
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

D   D   M   M   Y   Y   Y   Y  
Date                    /                    /



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](https://ols.workcoverqld.com.au/ols/public/incident/registration.wc)

To report an issue to a Queensland Health public unit, please follow this link:  
[health.qld.gov.au/system-governance/contact-us/contact/public-health-units](https://health.qld.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](https://qbcc.qld.gov.au/notification-safety-matters/notification-safety-incidents-site)