



## FORM D PERMIT HOLDER POST INCIDENT REPORT

*Must be submitted by the permit holder within 60 days for:*

1. Level 1, 2 or 3 emergency incident\*; and
2. **Any** pipeline incident.

\*Note: in addition to the above a permit holder may be required to complete and submit a "Form D" when requested by a representative of the Regulator.

DGIR# (if known):

BCER Incident #:

**This report and accompanying documentation must be  
emailed electronically to [EMP@bc-er.ca](mailto:EMP@bc-er.ca)**

### PART A—PERMIT HOLDER

Permit Holder Name

Contractor(s) Name(s)

### PART B – DATE, TIME AND OIL AND GAS ACTIVITY IDENTIFICATION OF INCIDENT

Incident Date: (YYYY/MM/DD)

Incident Time: (24-hr system & time zone)

Well Authorization, Facility Id., Pipeline Project # and Segment #, Road # and Segment #, Other (Describe)

### PART C—SPILLS AND RELEASES (Check all that apply)

Type of Product	Volume Released (m <sup>3</sup> )	Volume Recovered (m <sup>3</sup> )	Type of Product	Volume Released (m <sup>3</sup> )	Volume Recovered (m <sup>3</sup> )
<input type="checkbox"/> Natural Gas (sweet)			<input type="checkbox"/> Produced Water		
<input type="checkbox"/> Natural Gas (sour)			<input type="checkbox"/> Fresh Water		
<input type="checkbox"/> Oil			<input type="checkbox"/> HVP fluids (ethane, propane, butane)		
<input type="checkbox"/> Condensate			<input type="checkbox"/> LVP fluids (pentane plus)		
<input type="checkbox"/> Emulsion					
<input type="checkbox"/> Other (specify product and CAS# or attach MSDS)					
<input type="checkbox"/> Other (specify product and CAS# or attach MSDS)					
<input type="checkbox"/> Other (specify product and CAS# or attach MSDS)					

Was there a fire? ☐ Yes ☐ No

Was there an explosion? ☐ Yes ☐ No

Was anyone directly exposed to the spill product? ☐ Yes ☐ No

Was medical treatment required? ☐ Yes ☐ No (if yes, complete Part D)

For any spills where clean-up cannot be completed within 30 days, an initial report / clean-up plan must be submitted within 30 days, with updates every 30 days following until clean-up has been completed.

Has the spill cleanup been completed? ☐ Yes (attach relevant reports) ☐ No (Interim Report or initial clean-up plan attached)

<b>PART D INJURY OR FATALITY?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, describe:	
<b>PART E NARRATIVE OF INCIDENT</b> <i>Provide a complete description of the incident, including conditions and events leading up to, and following, the incident. Attach any additional information that may supplement the narrative such as 1) drawing of the incident site; 2) photographs; 3) schematics; 4) maps; 5) reports (drilling, servicing, etc.). <b>Attach additional sheets of narrative as required.</b></i>	
<b>PART F INCIDENT RESPONSE</b>	
Was the Emergency Response Plan Activated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was an Incident Action Plan Created? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach a copy.
Was an Incident Command System Organization Chart Developed? <input type="checkbox"/> Yes <input type="checkbox"/> No     If Yes, attach a copy.	
If the Emergency Response Plan was Activated, describe how the Emergency Response Plan was implemented and outline applicable steps taken to: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>Provide for the safety and health of all responders</li> <li>Protect public health and safety</li> <li>Protect the environment</li> </ul> </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <li>Protect government infrastructure</li> <li>Protect property</li> </ul> </div> </div>	

**PART G COMPONENT FAILURE / MALFUNCTION**

Component:

Manufacturer:

Model # or Material and Grade

Manufactured Date:

Installed Date:

Last Certification Date:

Has a third party analysis of the equipment or pipe failure been completed? (Required for Level 2 and 3 Emergencies) ☐ Yes ☐ No

If yes, report attached ☐ or report to be submitted at a later date ☐

The analysis report must contain the following: (see guideline for requirements)

**PART H REPAIR DESCRIPTION** *Provide a description of all necessary repairs as a result of the incident and include the date of return to service.*

**PART I INCIDENT CAUSES** See the *Emergency Management Manual, Appendix E: Post Incident Reports*, for cause definitions. A full root cause analysis is required for all Level 2 and 3 Emergencies.

IMMEDIATE CAUSE (Check all that apply)	BASIC CAUSE (Check all that apply)	
<input type="checkbox"/> Defect and Deterioration	<input type="checkbox"/> Engineering and Planning	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Corrosion and Cracking <input type="checkbox"/> Internal <input type="checkbox"/> External	<input type="checkbox"/> Procurement	<input type="checkbox"/> Tools and Equipment
<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Standards and Procedures	<input type="checkbox"/> Communication
<input type="checkbox"/> Incorrect Operation	<input type="checkbox"/> Supervision and Training	<input type="checkbox"/> Human Factors
<input type="checkbox"/> External Interference <input type="checkbox"/> Employee / Contractor <input type="checkbox"/> Third Party	<input type="checkbox"/> Natural and Environmental Factors	
<input type="checkbox"/> Natural Force Damage	<input type="checkbox"/> Unknown Causes (specify)	
<input type="checkbox"/> Construction	<input type="checkbox"/> Other Causes (specify)	
<input type="checkbox"/> Other Causes ( <i>specify</i> )		

Provide a justification for the causes selected and any additional details or explanation that will help the Regulator understand the basic cause(s) of this incident.

Attachment(s) ☐

**PART J PREVENTIVE AND CORRECTIVE ACTIONS**

*Outline the changes made and the steps taken and to be taken to prevent a similar incident. This will address the basic causes, as applicable. Identify a schedule for completion. Include any relevant information outlining why the preventive actions are appropriate. See the Emergency Management Manual, Appendix E: Post Incident Reports, for more information.*

**PART K NAME OF PERSON CONDUCTING A COMPANY INCIDENT INVESTIGATION**

Name and Title

Address

Phone Number

Email

**PART L NAME AND TITLE OF COMPANY REPRESENTATIVE FILING REPORT**

Name

Title

Signature

Company

Address

Date (YYYY/MM/DD)

Phone number (     )

Email