



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 Commission.*

DGIR# (if known):

OGC Incident #:

**This report and accompanying documentation must be
emailed electronically to EMP@bcogc.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 ³)	Volume Recovered (m ³)	Type of Product	Volume Released (m ³)	Volume Recovered (m ³)
<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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there an explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Was anyone directly exposed to the spill product? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete Part D)
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Has the spill cleanup been completed? Yes (if yes, describe and attach relevant reports) No (if no, describe work completed and cleanup plan)

Outline how the spill volume was determined and provided supporting information as applicable.

PART D INJURY OR FATALITY? Yes No

If yes, describe:

PART E NARRATIVE OF INCIDENT *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.). **Attach additional sheets of narrative as required.***

PART F INCIDENT RESPONSE

Was the Emergency Response Plan Activated? Yes No

Was an Incident Action Plan Created? Yes No
If Yes, attach a copy.

Was an Incident Command System Organization Chart Developed? Yes 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:

- Provide for the safety and health of all responders
- Protect public health and safety
- Protect the environment
- Protect government infrastructure
- Protect property

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 (specify)		

Provide a justification for the causes selected and any additional details or explanation that will help the Commission 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