



<b>Drilling &amp; Initial Completions ERP Supplement Content Checklist</b> Physical Address: 6534 Airport Road, Fort St. John, B.C. V1J 4M6 Mailing Address: OGC, Bag 2, Fort St. John, B.C. V1J 2B0 Phone: (250) 794-5200	Date Received
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**FOR INSTRUCTIONS REFER TO THE DRILLING AND INITIAL COMPLETIONS SUPPLEMENT CONTENT CHECKLIST GUIDANCE DOCUMENT  
THIS IS AN AUDITABLE DOCUMENT**

CONTACT INFORMATION		A
Permit Holder Representative to receive ERP related correspondence	Name:	
	Phone Number:	
	Email address:	
	Mailing address:	
Name of ERP contract company that prepared the ERP:		
1. COVER PAGE OF ERP SUPPLEMENT REQUIREMENTS (Check if included on cover page)		B
Legal Name of Permit Holder(s)	Included:	
Permit Holder 24 hour emergency phone number	Included:	
BCOGC's 24 hour incident reporting phone number	Included:	
Name and type of ERP Supplement (e.g. "ABC HZ Red Creek 9-70-64-30 Drilling and Completions ERP Supplement")	Included:	
Date ERP Supplement was developed	Included:	
Supplement Distribution Number	Included:	
Well Authorization Number (WA#) and Application Determination Number (AD#) - found on Letter of Approval	Included:	
LOCATION of ERP CONTENT ITEMS	LOCATION in ERP SUPPLEMENT DOCUMENT (page number)	C
2. Table of Contents		
3. Document Controls		
4. Well Summary Page		
5. Procedures for Notifying Affected Parties		
6. Site Specific Procedures for Isolating the HPZ		
7. Site Specific Procedures for Contacting and Evaluating / Sheltering Impacted Parties		
8. Site Safety Plan		
9. Site Specific Contact Information for:		
- Permit Holder		
- On Site Emergency Contacts		
- External Emergency Response Services Phone Numbers		
- Rights Holders, Non-resident land owners / renters, and Individual Operators		
- Government Agency 24-hour phone numbers		
- School District (if applicable)		
10. Maps		
- Regional Map		
- Site Specific Hazard Planning Zone map		
11. List of Site Specific Emergency Response and Safety Resources		
12. Mutual Aid / Bridging Agreements (where applicable)		
13. Information Describing Affected Parties within HPZ (if applicable)		
14. Site Specific hazards and risks		
15. Description of site specific hazardous products and general health effects		
16. Copy of public protection information package provided to affected parties		

**PERMIT HOLDER AUTHORIZATION**

**D**

The permit holder that holds the surface tenure for a site must submit a signed checklist along with electronic and paper submission of and ERP or ERP update, and is accountable for the accuracy of their contents. If the permit holder chooses to use outside agents or consultants, the permit holder remains accountable. Only an employee of the permit holder with designated authority may sign below on behalf of the permit holder.

I \_\_\_\_\_ hereby attest that the information contained herein is true and correct, that I have reviewed the subject ERP and checklist, and confirm it meets the requirements of the Emergency Management Regulation and Manual:

\_\_\_\_\_  
AUTHORIZED SIGNATORY OF PERMIT HOLDER COMPANY

\_\_\_\_\_  
DATE (YYYY/MM/DD)

\_\_\_\_\_  
AUTHORIZED SIGNATORY'S POSITION WITHIN PERMIT HOLDER COMPANY

All ERPs and checklists must be submitted in paper copy to the address at the top of this form, and electronically to:  
<https://files.bcogc.ca>