



**FORM A:
MINOR INCIDENT
NOTIFICATION
FORM**

Physical Address: 6534 Airport Road,
Fort St. John, B.C. V1J 4M6
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V1J 2B0
Phone: (250) 794-5200
emp@bcogc.ca

This form is to be used for incidents which do not meet OGC Level 1, 2, or 3 Classification

*Minor incidents must be reported to the Commission within **24** hours through the Commission's [Online Minor Incident Reporting System](#), operated through KERMIT.*

MISCELLANEOUS INFORMATION		A
Risk Score: (attach risk matrix)	DGIR #:	
Incident Date (YYYY-MM-DD):	Incident Time (24 hour clock): <input type="checkbox"/> PST <input type="checkbox"/> MST	
INFORMATION OF PERSON REPORTING INCIDENT		B
Permit holder Name:	Reported by (name):	
Phone Number:	Alternate Number:	
E-mail:	Fax Number:	
INCIDENT DETAILS		C
SITE TYPE		D
<i>Select only one type.</i>		
<input type="checkbox"/> Well (Active)	<input type="checkbox"/> Well (Abandoned/Suspended)	<input type="checkbox"/> Remote Sump
<input type="checkbox"/> Battery/Plant/Facility	<input type="checkbox"/> Tank Farm/Storage	<input type="checkbox"/> Pipeline
<input type="checkbox"/> Riser (pipeline)	<input type="checkbox"/> Well (Drilling & Completions): Rig Name:	
<input type="checkbox"/> Road or Road Structure: Name:		Location on road:
<input type="checkbox"/> Other (specify):		

INCIDENT TYPE			E
<i>Check all that apply.</i>			
<input type="checkbox"/> Spill (Gas, liquid, solid) If yes to leak or spill, contact EMBC.	<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/> Drilling Kick	
<input type="checkbox"/> Security (theft, threat, sabotage, terrorism)	<input type="checkbox"/> Induced Seismicity	<input type="checkbox"/> Well Bore Communication	
<input type="checkbox"/> Pipeline Boring	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Equipment/Structural Damage	
<input type="checkbox"/> Other: Specify:			
ACTIVITY			F
<i>Check all that apply.</i>			
<input type="checkbox"/> Construction (road, lease, pipeline, facility)	<input type="checkbox"/> Drilling/Exploration	<input type="checkbox"/> Waste Management	
<input type="checkbox"/> Processing (natural gas, petroleum liquids, other)	<input type="checkbox"/> Well Fracturing	<input type="checkbox"/> Servicing	
<input type="checkbox"/> Repair	<input type="checkbox"/> Flaring (emergency)	<input type="checkbox"/> Well Testing	
<input type="checkbox"/> Pressure testing	<input type="checkbox"/> Transportation		
<input type="checkbox"/> Other: Specify:			
CONSEQUENCE OR IMPACTS			N/A <input type="checkbox"/>
<i>Check all that apply. If none, select N/A.</i>			
<input type="checkbox"/> Worker Safety (injuries)	<input type="checkbox"/> Property (government, public, private)	<input type="checkbox"/> Economic (loss of and/or damage to equipment or infrastructure, loss of production, work stoppage)	
<input type="checkbox"/> Other Specify:			
ASSETS			H
GEOPHYSICAL PROGRAM (A UTM location must be filled out in the Location Section)			
Geophysical #:		Program Name:	
Client Name:			
WELL			
Well Authorization #			
Location of well: NTS _____ - _____ - _____ / _____ - _____ - _____ or DLS _____, SEC _____, TWP _____, RGE _____ W6M			
FACILITY			
Facility #			
Location of facility: NTS _____ - _____ - _____ / _____ - _____ - _____ or DLS _____, SEC _____, TWP _____, RGE _____ W6M			

PROJECT (PIPELINES) (A UTM location must be filled out in the Location Section)

Project Location: NTS From _____ - _____ - _____ / _____ - _____ - _____
NTS To _____ - _____ - _____ / _____ - _____ - _____ or

DLS From _____, SEC _____, TWP _____, RGE _____ W6M
DLS To _____, SEC _____, TWP _____, RGE _____ W6M

Project # Pipeline Segment #

Pipeline Installation ID#: Installation Type:

OTHER LOCATION

*Any asset that does not apply to above such as a road, remote sump, borrow pit, etc.
(A UTM location must be filled out in the Location Section.)*

Location Type: Location Description :

LOCATION

Location of asset: NTS _____ - _____ - _____ / _____ - _____ - _____ or

DLS _____, SEC _____, TWP _____, RGE _____ W6M

UTM (NAD 83 Zone): _____ m easting _____ m northing

GPS: Latitude: Longitude:

AREA INFORMATION | I

Land Type: Private Land Crown Land Field Name:

Access: ATV Helicopter Four-wheel-drive Two-wheel-drive Unknown

Name of road the asset is located on:

Km where the incident occurred:

Distance to nearest residence/public facility: Nearest City/Town/Public Camp:

CAUSE | J

Check all that apply.

Third Party Manufacturing Defect Corrosion (internal, external)

Employee (procedural, behavioural) Natural (weather, flood, fire) Failure (materials, mechanical, equipment, system)

Geological Over Pressuring Equipment

Unknown at this time Explain:

Other Factors (specify):

CAUSE/REMEDIAL ACTIONS | K

Describe the cause and remedial actions in more detail:

WEATHER**L**

Weather Conditions:	<input type="checkbox"/> clear	<input type="checkbox"/> cloudy	<input type="checkbox"/> other (specify):
Wind Direction: From:	<input type="checkbox"/> N	<input type="checkbox"/> NE	<input type="checkbox"/> NW <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W
Wind Strength:	<input type="checkbox"/> calm	<input type="checkbox"/> moderate	<input type="checkbox"/> strong <input type="checkbox"/> gusty
Temperature:	°C		
Comments:			

NOTIFICATION**M***What government agencies has the permit holder notified:*

<input type="checkbox"/> EMBC	<input type="checkbox"/> Ministry of Environment	<input type="checkbox"/> Ministry of Transportation
<input type="checkbox"/> Public Works	<input type="checkbox"/> WorkSafe BC	<input type="checkbox"/> Local Health Authority
<input type="checkbox"/> Regional/Municipal Authority	<input type="checkbox"/> RCMP	<input type="checkbox"/> Ministry of Forests, Lands and Natural Resource Operations
<input type="checkbox"/> National Energy Board	<input type="checkbox"/> Other (specify):	

INFORMATION FOR SPILLS ONLY**N**

Is spill off lease? Yes No

Spill Material Type:

Corrosive Emulsion (oil, gas, water) Liquid Hydrocarbon (crude, oil, diesel, fuel)

Methanol Non-Toxic Gases (Nitrogen, Carbon Dioxide, Inert Gases) Non Toxic Liquids

Salt Water Sour Natural Gas Sour Liquid Sweet Natural Gas

Toxic Gas Toxic Liquid Fresh Water Other (specify):

Amount Spilled: bbl m³ litre

Does Material contain any H₂S? Yes No Unknown

If Yes, how much? ppm

Has spill been cleaned up? Yes No N/A

Date of Clean Up/Proposed Clean Up: (mmm dd, yyyy) if applicable

Estimated Cost of clean-up: \$ if applicable

O**PLEASE NOTE:**

"All incidents involving a pipeline must submit a [Form D: Permit Holder Post Incident Report Form](#) within 60 days by email to EMP@bcogc.ca. A Permit Holder Post Incident Report Form may be required to be submitted for other minor incidents upon request by a Commission employee."

The form can be found on the Commission's website.

Permit Holder Post Incident Report Required: Yes No