



**FORM M3**  
**OGC NOTIFICATION OF A CORE AND FIELD**  
**EMERGENCY MANAGEMENT EXERCISE**  
*(At least 30 days notice required)*  
Email to [EMP@BCOGC.ca](mailto:EMP@BCOGC.ca)  
Rev. 2018-08-24

**NOTIFICATION TYPE**

**Date Submitted to BCOGC:**

New  Revision *Specify changes:*

**TYPE OF EXERCISE**

Table Top  
 Functional  
 Major / Full Scale

**EXERCISE SCENARIO**

Exercise Facilitators Package Attached *(Must submitted at least 14 days prior to exercise)*

**AREA EXERCISED**

Name of ERP used for Exercise Scenario:

List all Areas/Sites/Fields being exercised **(include EOC if participating)** :

***\*Please, Make sure to list ALL Fields participating, if it not listed here, you will not receive credit. Fields are considered "participating" if the MAJORITY of employees are present for the exercise.***

**MEETING INFORMATION**

Name of Permit Holder:

Date of Exercise:

**START** Time of Exercise **IN FORT ST JOHN LOCAL TIME:**

**END** Time of Exercise **IN FORT ST JOHN LOCAL TIME:**

Location/Address of Exercise (ICP):

Location/Address of Field Portion (if applicable):

Permit Holder contact:

Permit Holder Contact Phone Number:  
and Email:

Person sending notification (if different from above):

Phone number of person sending notification (if different from above):

Name of company conducting exercise (if applicable):

Person conducting exercise:

Phone number of person conducting exercise:

**COMMISSION USE ONLY**

Attended By:

Date Company was contacted if attending:

Name of Person Contacted:

Date of Last Exercise: Type:  Table Top  Functional  Major/Full Scale

Date of Last Major Exercise:

Date of Last Exercise Attended:

Who Attended:

**Directions to Exercise ICP (Where Incident Commander is Located) and Field portion if applicable, from FSJ:**

**Estimated Travel Time for ICP from FSJ:**

**Road Channels Required:**

**Estimated Travel Time for Field Portion From FSJ:**

**Road Channels Required:**