This in an internal Commission document provided to Industry for reference purposes only.

This document outlines the information that will be requested by Commission emergency management staff following any Level 1, 2 or 3 incident, as defined in the Emergency Management Matrix available on the Commission’s website.
This form is to be used for emergencies which meet OGC Level 1, 2, or 3 Classification.

**The emergency must be reported to the Commission within 1 hour of the incident.**

Oil and Gas Commission 24 hour Emergency Number: 250-794-5200
EMBC 24 hour Emergency Number: 1-800-663-3456

### MISCELLANEOUS INFORMATION

<table>
<thead>
<tr>
<th>DGIR #:</th>
<th>Ledger Number:</th>
<th>Kermit Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incident Date (YYYY-MM-DD):</td>
<td>Incident Time (24 hour clock):</td>
<td>□ PST □ MST</td>
</tr>
<tr>
<td>Received Date (YYYY-MM-DD):</td>
<td>Received Time (24 hour clock):</td>
<td>□ PST □ MST</td>
</tr>
</tbody>
</table>

### INFORMATION OF PERSON REPORTING INCIDENT TO OGC

<table>
<thead>
<tr>
<th>Permit holder Name:</th>
<th>Reported by (name):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number:</td>
<td>Alternate Number:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>Fax Number:</td>
</tr>
</tbody>
</table>

### INCIDENT DETAILS
## LEVEL OF EMERGENCY

**Risk Score:** (attach risk matrix)  
- [ ] Level 1  
- [ ] Level 2  
- [ ] Level 3  

Informed company they must contact the OGC to downgrade or stand down the level.

### SITE TYPE (Select one only)

- [ ] Well (Active)  
- [ ] Well (Abandoned/Suspended)  
- [ ] Remote Sump  
- [ ] Well (Drilling & Completions): Rig Name:  
- [ ] Battery/Plant/Facility  
- [ ] Tank Farm/Storage  
- [ ] Pipeline  
- [ ] Riser (Pipeline)  
- [ ] Road or Road Structure: Name:  
  - Location on road:  
- [ ] Other -Specify:

### INCIDENT TYPE (check all that apply)

- [ ] Spill (releases and discharges)  
- [ ] Fire/Explosion  
- [ ] Drilling Kick  
- [ ] Worker Injury  
- [ ] Security (theft, threat, sabotage, terrorism)  
- [ ] Induced Seismicity  
- [ ] Well Bore Communication  
- [ ] Pipeline Boring  
- [ ] Vehicle  
- [ ] Equipment/Structural Damage  
- [ ] Other -Specify:

### ACTIVITY (check all that apply)

- [ ] Construction (road, lease, pipeline, facility)  
- [ ] Drilling/Exploration  
- [ ] Waste Management  
- [ ] Processing (natural gas, petroleum liquids, other)  
- [ ] Well Fracturing  
- [ ] Servicing  
- [ ] Repair  
- [ ] Flaring (emergency)  
- [ ] Well Testing  
- [ ] Pressure testing  
- [ ] Transportation  
- [ ] Other: Specify:

### CONSEQUENCE OR IMPACTS (check all that apply)(If none, leave blank)

- [ ] Worker Safety (fatality, injuries)  
- [ ] Property (government, public, private)  
- [ ] Economic (loss of and/or damage to equipment or infrastructure, loss of production, work stoppage)  
- [ ] Other -Specify:

### AREA INFORMATION

- [ ] Land Type: Private Land  
- [ ] Crown Land  
- [ ] Field Name:  
- [ ] Area Type: Forest  
- [ ] Muskeg  
- [ ] Farmland  
- [ ] Residential  
- [ ] Other
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/Open Camp:

CAUSE (check all that apply)

□ Third Party

□ Manufacturing Defect

□ Corrosion (internal, external)

□ Employee (negligence, 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

Describe the cause and remedial actions in more detail:

WEATHER

Weather Conditions: □ clear □ cloudy □ other

Wind Direction: From: N NE NW E SE S SW W

Wind Strength □ calm □ moderate □ strong □ gusty

Temperature: °C

Comments:

PUBLIC INJURIES / MEDICAL EMERGENCIES

□ First Aid □ Hospitalization □ Fatality

Other:
## NOTIFICATION

What government agencies has the permit holder notified?

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ EMBC</td>
<td>☐ Ministry of Environment</td>
<td>☐ Ministry of Transportation</td>
</tr>
<tr>
<td>☐ Public Works</td>
<td>☐ WorkSafe BC</td>
<td>☐ Local Health Authority</td>
</tr>
<tr>
<td>☐ Regional/Municipal Authority</td>
<td>☐ RCMP</td>
<td>☐ Ministry of Forest</td>
</tr>
<tr>
<td>☐ National Energy Board</td>
<td>☐ Other Specify:</td>
<td></td>
</tr>
</tbody>
</table>

Permit Holder Instructed to call:

## MATERIAL INFORMATION

Is spill off lease? ☐ Yes ☐ No

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Corrosive Acid</td>
<td>☐ Emulsion (oil, gas, water)</td>
</tr>
<tr>
<td>☐ Fresh Water</td>
<td>☐ Liquid Hydrocarbon (crude, oil, diesel, fuel)</td>
</tr>
<tr>
<td>☐ Methanol</td>
<td>☐ Non-Toxic Gases (Nitrogen, Carbon Dioxide, Inert Gases)</td>
</tr>
<tr>
<td>☐ Non Toxic Liquids</td>
<td>☐ Sour Natural Gas</td>
</tr>
<tr>
<td>☐ Sour Liquid (H2S)</td>
<td>☐ Sweet Natural Gas</td>
</tr>
<tr>
<td>☐ Toxic Gas</td>
<td>☐ Toxic Liquid</td>
</tr>
<tr>
<td>☐ Other</td>
<td></td>
</tr>
</tbody>
</table>

### GAS

Does Material contain any H2S? ☐ Yes ☐ No ☐ Unknown ☐ N/A

If Yes, how much? ppm

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Propane/NGLs/LPSs?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

### LIQUID

Does Material contain any H2S (Oil, water, condensate)? ☐ Yes ☐ No ☐ Unknown ☐ N/A

If Yes, how much? ppm

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>Propane/NGLs/LPSs?</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

Has spill been cleaned up? ☐ Yes ☐ No ☐ N/A

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

Estimated Cost of clean-up: $
### SAFETY ISSUES

**Hazard Response Zone Size:**

Are responders in danger? [ ] Unknown [ ] No [ ] Yes:

Are public in danger? [ ] Unknown [ ] No [ ] Yes

First Nations Band Affected: [ ] No [ ] Yes  Name of Band: ________________________

Public safety actions taken:

- [ ] Evacuation [ ] Sheltering *(Instruct Permit holder to contact Local Authority)*
- [ ] Roadblocks [ ] Do you need or do you have a Closure Order? *(Instruct Permit holder to contact MOT up to mile 82 on Alaska Highway or Public Works from 82 north on Alaska highway for any public roads, and the OGC for Petroleum Development Resource roads, or Ministry of Forestry for forestry roads)*
- [ ] Do you need or do you have a NOTAM?
- [ ] Have you conducted a Transient Survey?
- [ ] Any Media Releases must be done in conjunction with OGC
- [ ] Have you or do you need to dispatch a Mobile Air Quality Monitoring *(Instruct Permit holder to contact Health Authority if public are involved)*
- [ ] Have you or will you need to Ignite?
- [ ] Have you notified all tenure holders? Non-resident landowners/Trappers/Guide-Outfitters/Range Allotments/Grazing Lease

### ASSETS

**GEOPHYSICAL PROGRAM (A UTM location is required)**

Geophysical #:  

Program Name:

Client Name:

**UTM (NAD 83):**

m easting  

m northing

*(Place on the program that incident happened REQUIRED)*

**SITE (On lease equipment, wells, or facilities) Fill information in for asset with incident.**

Location of asset: NTS ______-_______-______/______-_______-______ or

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

OGC Site #:  

Site Detail (on lease equipment):

**WELL**

Well Authorization #:  

Status of well:

Depth/Perforation: m KB  

Wellbore Fluid Density: kg/m³
<table>
<thead>
<tr>
<th>Pit Gain</th>
<th>m</th>
<th>Kill Fluid Density</th>
<th>kg/m³</th>
</tr>
</thead>
<tbody>
<tr>
<td>*SIDPP/SITP</td>
<td>kPa</td>
<td>*SICP</td>
<td>kPa</td>
</tr>
<tr>
<td>*RSPP</td>
<td>kPa</td>
<td>Equipment:</td>
<td></td>
</tr>
<tr>
<td>Operating Pressure:</td>
<td>kPa</td>
<td>Shut In Pressure:</td>
<td>kPa</td>
</tr>
</tbody>
</table>

*SIDPP - Shut in Drill Pipe Pressure/SITP – Shut in Tubing Pressure/SICP – Shut in Casing Pressure/RSPP – Reduced Speed Pump Pressure

**FACILITIES**

<table>
<thead>
<tr>
<th>OGC Facility Code # :</th>
<th>Equipment on Site :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Design Capacity:</td>
<td>Actual Throughput:</td>
</tr>
<tr>
<td>Operating Pressure:</td>
<td>Operating Temperature:</td>
</tr>
</tbody>
</table>

**PROJECT (PIPELINES) (A UTM location is required)**

| Project Location | NTS From ______-_____-_____/____-____-_____ |
|                 | NTS To ______-_____-_____/____-____-_____ or |
|                 | DLS From ______, SEC _____, TWP _____, RGE _____ W6M |
|                 | DLS To ________, SEC _____, TWP _____, RGE _____ W6M |
| UTM (NAD 83):    | m easting             | m northing              |
| (Place on Pipeline where incident happened REQUIRED) |

<table>
<thead>
<tr>
<th>Project #</th>
<th>Pipeline Segment #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product:</td>
<td>Line Length between valves: km</td>
</tr>
<tr>
<td>ID</td>
<td>mm</td>
</tr>
<tr>
<td>Operating Pressure</td>
<td>kPa</td>
</tr>
<tr>
<td>ESD or Block Valve Closure?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
</tbody>
</table>
## 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.)

<table>
<thead>
<tr>
<th>Location Type:</th>
<th>Location Description:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location of asset:</td>
<td>NTS <em><strong><strong>-</strong></strong></em> -_____ /_____ -_____ -_____ or</td>
</tr>
<tr>
<td>DLS ______, SEC _____, TWP _____, RGE _____ W6M</td>
<td></td>
</tr>
<tr>
<td>UTM (NAD 83):</td>
<td>measting</td>
</tr>
<tr>
<td>GPS:</td>
<td>Latitude:</td>
</tr>
</tbody>
</table>