



FORM C
EMERGENCY INCIDENT FORM

BC Oil and Gas Commission
6534 Airport Road
Fort St. John BC V1J 4M6
Phone: (250) 794-5200
emp@bcogc.ca

This is 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.



**FORM C
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Phone: (250) 794-5200
emp@bcogc.ca

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

DGIR #:	Ledger Number:	Kermit Number:
Incident Date (YYYY-MM-DD):	Incident Time (24 hour clock): <input type="checkbox"/> PST <input type="checkbox"/> MST	
Received Date (YYYY-MM-DD):	Received Time (24 hour clock): <input type="checkbox"/> PST <input type="checkbox"/> MST	

INFORMATION OF PERSON REPORTING INCIDENT TO OGC

Permit holder Name:	Reported by (name):
Phone Number:	Alternate Number:
E-mail:	Fax Number:

INCIDENT DETAILS

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LEVEL OF EMERGENCYRisk 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: <input type="checkbox"/> ATV <input type="checkbox"/> Helicopter <input type="checkbox"/> Four-wheel-drive <input type="checkbox"/> Two-wheel-drive <input type="checkbox"/> 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)				
<input type="checkbox"/> Third Party	<input type="checkbox"/> Manufacturing Defect	<input type="checkbox"/> Corrosion (internal, external)		
<input type="checkbox"/> Employee (negligence, procedural, behavioural)	<input type="checkbox"/> Natural (weather, flood, fire)	<input type="checkbox"/> Failure (materials, mechanical, equipment, system)		
<input type="checkbox"/> Geological	<input type="checkbox"/> Over Pressuring Equipment			
<input type="checkbox"/> Unknown at this time Explain:				
<input type="checkbox"/> Other Factors -Specify:				
CAUSE/REMEDIAL ACTIONS				
Describe the cause and remedial actions in more detail:				
WEATHER				
Weather Conditions:	<input type="checkbox"/> clear	<input type="checkbox"/> cloudy	<input type="checkbox"/> other	
Wind Direction: From:	N	NE	NW	E SE S SW W
Wind Strength	<input type="checkbox"/> calm	<input type="checkbox"/> moderate	: <input type="checkbox"/> strong	<input type="checkbox"/> gusty
Temperature:	°C			
Comments:				
PUBLIC INJURIES / MEDICAL EMERGENCIES				
<input type="checkbox"/> First Aid	<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Fatality		
Other:				

NOTIFICATION

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 Forest
<input type="checkbox"/> National Energy Board	<input type="checkbox"/> Other Specify:	

Permit Holder Instructed to call:

MATERIAL INFORMATION

Is spill off lease? Yes No

Spill Material Type: Corrosive Acid Emulsion (oil, gas, water)
 Fresh 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 (H₂S) Sweet Natural Gas Toxic Gas Toxic Liquid
 Other

GAS

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

If Yes, how much? _____ ppm

Gas Rate: _____ 10³m³3d or mmcf/d Gas Volume : _____ 10³m³ or mmscf

Can you hear/smell gas? Yes No Propane/NGLs/LPSs? Yes No

LIQUID

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

If Yes, how much? _____ ppm

Liquid Rate: _____ m³/d or BPD Liquid Volume : _____ m³ or bbls or litres

Other (Describe):

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: _____ km

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

Pit Gain	m	Kill Fluid Density	kg/m ³
*SIDPP/SITP	kPa	*SICP	kPa
*RSPP	kPa	Equipment:	
Operating Pressure:	kPa	Shut In Pressure:	kPa
*SIDPP - Shut in Drill Pipe Pressure/SITP – Shut in Tubing Pressure/SICP – Shut in Casing Pressure/RSPP – Reduced Speed Pump Pressure			
FACILITIES			
OGC Facility Code # :		Equipment on Site :	
Design Capacity:		Actual Throughput:	
Operating Pressure:		Operating Temperature:	
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)			
Project #	Pipeline Segment #		
Product:	Line Length between valves: km		
ID	mm	OD	mm
Operating Pressure	kPa	Maximum Operating Pressure	kPa
ESD or Block Valve Closure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

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 of asset:	NTS _____ - _____ - _____ / _____ - _____ - _____ or		
	DLS _____, SEC _____, TWP _____, RGE _____ W6M		
UTM (NAD 83):	m easting	m northing	REQUIRED
GPS:	Latitude:	Longitude:	