

FORM A: MINOR INCIDENT NOTIFICATION FORM

Physical Address: 6534 Airport Road, Fort St. John, B.C. V1J 4M6 Mailing Address: Bag 2, Fort St. John, B.C. 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.

MISSELL ANEQUA INFORMATION						
	MISCELLANEOUS INFO					Α
Risk Score:	(attach risk matrix)		DGIR #:	•		
Incident Date (YYYY-MM-D	DD): Incident Time (t Time (2	4 hour clock):	☐ PST ☐ I	MST
INFORMATION OF PERSON REPORTING INCIDENT					В	
Permit holder Name:		Reported by (name):				
Phone Number:		Alternate Number:				
E-mail:		Fax Number:				
INCIDENT DETAILS			С			
SITE TYPE			D			
□ \A/-# /A - (° \		t only one		□ D 0		
Well (Active)	Well (Abandoned	•	nded)	Remote Sump		
Battery/Plant/Facility	Tank Farm/Stora			☐ Pipeline		
☐ Riser (pipeline) ☐ Well (Drilling & Completions): Rig Name:						
☐ Road or Road Structure	: Name:			Location on road	• •	
Other (specify):						

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INCIDENT TYPE						
Check all that apply.						
Spill (Gas, liquid, solid If yes to leak or spill, con	d) Fire/F	Explosion	Drilling Kick			
Security (theft, threat	☐ Security (theft, threat, sabotage, terrorism) ☐ Induced Seismicity ☐ Well Bore Communication					
☐ Pipeline Boring	☐ Vehic	ele	Structural Damage			
Other: Specify:						
	ACT	TIVITY		F		
	Check	all that apply.				
Construction (road, le	ease, pipeline, facility)	☐ Drilling/Exploration	☐ Waste Manageme	nt		
Processing (natural gother)	as, petroleum liquids,	☐ Well Fracturing	Servicing			
Repair	☐ Flaring (emergency)		☐ Well Testing			
☐ Pressure testing		Fransportation				
Other: Specify:						
CONSEQUENCE OR IMPACTS N/A 🗌 G						
Check all that apply. If none, select N/A.						
☐ Worker Safety (injuries) ☐ Property (government, public, private) ☐ Economic (loss of and/or damage to equipment or infrastructure, loss of production, work stoppage)						
Other Specify:						
ASSETS						
GEOPHYSICAL PROGRAM (A UTM location must be filled out in the Location Section)						
Geophysical #: Program Name:						
Client Name:						
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 #:	, 020 Well #		rcility #:			
PROJECT (PIPELINES) (A UTM location must be filled out in the Location Section)						
Project Location:	NTS From -	/	- -			
,						
		SEC, TWP,				
Drojo et #	DLS To, SI	EC, TWP, RO	SE W6M			
Project #		Pipeline Segment #				
Pipeline Installation ID#:		Installation Type:				

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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			p, 20e p.s.,		
Location Type:	Location	Descriptio	n:		
LOCATION					
Location of asset: NTS		/	<u>-</u>	_ or	
UTM (NAD 83 Zone:	, SEC	, TWP		_ W6M m nort	hina
GPS: Latitude:	m eastingm northin				9
er er zamade.	AREA INFORMA				1
Land Type: Private Land Cr		eld Name:			•
Access: ATV Helico		neel-drive	Two-whee	el-drive Unkno	wn
Name of road the asset is located or	<u>. — —</u> า:				
Km where the incident occurred:					
Distance to nearest residence/public	facility:	Nearest (City/Town/Public	Camp:	
CAUSE				J	
	Check all that	t apply.			
☐ Third Party ☐ Manufacturing Defect ☐ Corrosion (internal, external)					
☐ Employee (procedural, behavioural) ☐ Natural (weather, flood, fire) ☐ Failure (materials, mechanical equipment, system)				al,	
☐ 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:	L cloudy	other (sp	ecify):		
Wind Direction: From: NE NW E SE S SW W					
Wind Strength:					
Temperature: °C					
Comments:					

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	NOTIFICATION		М		
What government agencies has the permit holder notified:					
□ ЕМВС	☐ Ministry of Environment	☐ Ministry of Transportation			
☐ Public Works	☐ WorkSafe BC	☐ Local Health Authority			
Regional/Municipal Authority	RCMP Ministry of Forests, Lands Natural Resource Operation				
☐ National Energy Board	Other (specify):				
INF	FORMATION FOR SPILLS ONLY		N		
Is spill off lease? Yes No					
Spill Material Type: Acid Emulsion (oil, gas, water) Fresh Water Liquid Hydrogen (crude, oil, diesel, fuel) Methanol Non-Toxic Gases (Nitrogen, Carbon Dioxide, Inert Gases) Non Toxic Liquids Salt Water Sour Natural Gas Sour Liquid < 1% only H2S) Sweet Natural Gas Toxic Gas Toxic Liquid (>1% different toxins 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?					
Date of Clean Up/Proposed Clean Up: (mmm dd, yyyy) if applicable					
Estimated Cost of clean-up: \$		if applicable			
			0		
"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