



**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.*

<b>MISCELLANEOUS INFORMATION</b>			<b>A</b>
Risk Score:	(attach risk matrix)	DGIR #:	
Incident Date (YYYY-MM-DD):	Incident Time (24 hour clock):		<input type="checkbox"/> PST <input type="checkbox"/> MST
<b>INFORMATION OF PERSON REPORTING INCIDENT</b>			<b>B</b>
Permit holder Name:		Reported by (name):	
Phone Number:		Alternate Number:	
E-mail:		Fax Number:	
<b>INCIDENT DETAILS</b>			<b>C</b>
<b>SITE TYPE</b>			<b>D</b>
<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):			



<b>OTHER LOCATION</b>	
<i>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.)</i>	
Location Type:	Location Description :
<b>LOCATION</b>	
Location of asset:	NTS _____ - _____ - _____ / _____ - _____ - _____ or DLS _____, SEC _____, TWP _____, RGE _____ W6M
UTM (NAD 83 Zone:	_____ m easting _____ m northing
GPS: Latitude:	Longitude:
<b>AREA INFORMATION</b>	
Land Type: <input type="checkbox"/> Private Land <input type="checkbox"/> Crown Land	Field Name:
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/Public Camp:
<b>CAUSE</b>	
<i>Check all that apply.</i>	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Manufacturing Defect <input type="checkbox"/> Corrosion (internal, external)
<input type="checkbox"/> Employee (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):	
<b>CAUSE/REMEDIAL ACTIONS</b>	
Describe the cause and remedial actions in more detail:	
<b>WEATHER</b>	
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:

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 H<sub>2</sub>S)  Sweet Natural Gas  Toxic Gas  
 Toxic Liquid (>1% different toxins)  Other (specify):

Amount Spilled: **bbl**  **m<sup>3</sup>**  **litre** Does Material contain any H<sub>2</sub>S?  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](mailto: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