



**FORM A:  
MINOR INCIDENT  
NOTIFICATION  
FORM**

Physical Address: 6534 Airport Road,  
Fort St. John, B.C. V1J 4M6  
Mailing Address: 6534 100th Ave Fort St.  
John, B.C. V1J 8C5  
Phone: (250) 794-5200  
[emp@bc-er.ca](mailto:emp@bc-er.ca)

*This form is to be used for incidents which do not meet BCER Level 1, 2, or 3 Classification*

*Minor incidents must be reported to the Commission within **24** hours through the Regulator'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>INCIDENT TYPE</b>			<b>E</b>
Check all that apply.			
<input type="checkbox"/> Spill (Gas, liquid, solid) If yes to leak or spill, contact EMBC.	<input type="checkbox"/> Fire/Explosion	<input type="checkbox"/> Drilling Kick	
<input type="checkbox"/> Security (theft, threat, sabotage, terrorism)	<input type="checkbox"/> Induced Seismicity	<input type="checkbox"/> Well Bore Communication	
<input type="checkbox"/> Pipeline Boring	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Equipment/Structural Damage	
<input type="checkbox"/> Other: Specify:			
<b>ACTIVITY</b>			<b>F</b>
Check all that apply.			
<input type="checkbox"/> Construction (road, lease, pipeline, facility)	<input type="checkbox"/> Drilling/Exploration	<input type="checkbox"/> Waste Management	
<input type="checkbox"/> Processing (natural gas, petroleum liquids, other)	<input type="checkbox"/> Well Fracturing	<input type="checkbox"/> Servicing	
<input type="checkbox"/> Repair	<input type="checkbox"/> Flaring (emergency)	<input type="checkbox"/> Well Testing	
<input type="checkbox"/> Pressure testing	<input type="checkbox"/> Transportation		
<input type="checkbox"/> Other: Specify:			
<b>CONSEQUENCE OR IMPACTS</b>			<b>N/A</b> <input type="checkbox"/> <b>G</b>
Check all that apply. If none, select N/A.			
<input type="checkbox"/> Worker Safety (injuries)	<input type="checkbox"/> Property (government, public, private)	<input type="checkbox"/> Economic (loss of and/or damage to equipment or infrastructure, loss of production, work stoppage)	
<input type="checkbox"/> Other Specify:			
<b>ASSETS</b>			<b>H</b>
<b>GEOPHYSICAL PROGRAM (A UTM location must be filled out in the Location Section)</b>			
Geophysical #:		Program Name:	
Client Name:			
<b>SITE (On lease equipment, wells, or facilities) Fill information in for asset with incident.</b>			
Location of asset: NTS _____ - _____ - _____ / _____ - _____ - _____ or DLS _____, SEC _____, TWP _____, RGE _____ W6M			
OGC Site #:	Well #:	Facility #:	
<b>PROJECT (PIPELINES) (A UTM location must be filled out in the Location Section)</b>			
Project Location: NTS From _____ - _____ - _____ / _____ - _____ - _____ NTS To _____ - _____ - _____ / _____ - _____ - _____ or DLS From _____, SEC _____, TWP _____, RGE _____ W6M DLS To _____, SEC _____, TWP _____, RGE _____ W6M			
Project #		Pipeline Segment #	
Pipeline Installation ID#:		Installation Type:	



NOTIFICATION			M
<i>What government agencies has the permit holder notified:</i>			
<input type="checkbox"/> EMBC	<input type="checkbox"/> Ministry of Environment and Climate Change Strategy	<input type="checkbox"/> Ministry of Transportation and Infrastructure	
<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	
<input type="checkbox"/> Canada Energy Regulator	<input type="checkbox"/> Other (specify):		
INFORMATION FOR SPILLS ONLY			N
Is spill off lease? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Spill Material Type: <input type="checkbox"/> Acid <input type="checkbox"/> Emulsion (oil, gas, water) <input type="checkbox"/> Fresh Water <input type="checkbox"/> Liquid Hydrogen (crude, oil, diesel, fuel) <input type="checkbox"/> Methanol <input type="checkbox"/> Non-Toxic Gases (Nitrogen, Carbon Dioxide, Inert Gases) <input type="checkbox"/> Non Toxic Liquids <input type="checkbox"/> Salt Water <input type="checkbox"/> Sour Natural Gas <input type="checkbox"/> Sour Liquid < 1% only H2S) <input type="checkbox"/> Sweet Natural Gas <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Toxic Liquid (>1% different toxins) <input type="checkbox"/> Other (specify):			
Amount Spilled: <b>bbl</b> <input type="text"/> <b>m<sup>3</sup></b> <input type="text"/> <b>litre</b> <input type="text"/>			
Does Material contain any H2S? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
If Yes, how much? ppm <input type="text"/>			
Has spill been cleaned up? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Date of Clean Up/Proposed Clean Up: <input type="text"/> (mmm dd, yyyy) if applicable			
Estimated Cost of clean-up: \$ <input type="text"/> if applicable			
			O
<b>PLEASE NOTE:</b> "All incidents involving a pipeline must submit a <a href="#">Form D: Permit Holder Post Incident Report Form</a> within 60 days by email to BCER <a href="mailto:EMP@bc-er.ca">EMP@bc-er.ca</a> . A Permit Holder Post Incident Report Form may be required to be submitted for other minor incidents upon request by a BCER employee." The form can be found on the Regulator's website.			
Permit Holder Post Incident Report Required: <input type="checkbox"/> Yes <input type="checkbox"/> No			