

WRITTEN NOTIFICATION

Report Date (YYYY-MM-DD): Incident/Event Date (YYYY-MM-DD): Time (24 hr.):

Operator: Operator's Internal Reference #:

Operator's Representative Name: Operator's Contact Phone #:

Location (latitude and longitude): Well/Field (if applicable):

Installation/Vessel/Aircraft Name:

Installation/Vessel/Aircraft Type: Revised Notification (yes/no):

OTHER AGENCIES NOTIFIED:

JRCC TCMS RCMP WHSCC/WCB Other (Please Specify):
 CCG TCA ECCC Certifying Authority

INCIDENT OR EVENT CLASSIFICATION (refer to *Incident Reporting and Investigation Guideline* for definitions and details)

- Select all actual classifications that occurred as a result of the incident or event
- Select all potential classifications that could have occurred as a result of the Incident (select the same or higher consequence)
- When reporting a Near Miss, select all potentials that apply

Actual	Potential	Personnel	Actual	Poten tial	Damage/Threat
<input type="checkbox"/>	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Explosion
<input type="checkbox"/>		Missing Person	<input type="checkbox"/>	<input type="checkbox"/>	Collision
<input type="checkbox"/>	<input type="checkbox"/>	Occupational Illness	<input type="checkbox"/>	<input type="checkbox"/>	Loss of Well Control
<input type="checkbox"/>	<input type="checkbox"/>	Major Injury	<input type="checkbox"/>	<input type="checkbox"/>	Well Control Incident
<input type="checkbox"/>	<input type="checkbox"/>	Lost/Restricted Workday Injury	<input type="checkbox"/>	<input type="checkbox"/>	Major Hydrocarbon Release
	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	<input type="checkbox"/>	Significant Hydrocarbon Release
	<input type="checkbox"/>	Medevac	<input type="checkbox"/>	<input type="checkbox"/>	Leak of Hazardous Substance
Actual	Potential	Environment	<input type="checkbox"/>	<input type="checkbox"/>	Adverse Environmental Conditions
<input type="checkbox"/>	<input type="checkbox"/>	Unauthorized Discharge	<input type="checkbox"/>	<input type="checkbox"/>	Security
<input type="checkbox"/>	<input type="checkbox"/>	Spill	<input type="checkbox"/>		Implementation of Emergency Response Plans
	<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	<input type="checkbox"/>	Impairment/Damage to Critical Equipment
Potential not yet determined <input type="checkbox"/>			<input type="checkbox"/>		Contact with Fishing Gear, Marine Mammals or Sea Turtles
Non-Reportable Event <input type="checkbox"/> (Use only if information to date shows that an incident does not meet reporting criteria)			<input type="checkbox"/>		Helicopter Occurrence
Workplace Committee Notified (yes/no): <input type="text"/>			<input type="checkbox"/>		Diving Incident (If "yes", submit the Diving Incident Report)
Other Comments: <input type="text"/>			<input type="checkbox"/>		Near Miss

Description of incident or event (including events leading up to the incident and any other relevant information)

Description of site operations and relevant environmental factors at time of incident or event

Immediate response action(s) taken

Planned response action(s) to be taken **Potential for Escalation:** Yes No

For Injuries/Illnesses, and Non-Occupational Medevacs:

Name of Affected Worker: Occupation: Employer:

Nationality: Nature and Severity of Injury:

For Hydrocarbon Releases, Leaks of Hazardous Substances, Unauthorized Discharges and Spills:

Material released: Volume (kg, L, etc): Concentration (% mg/L, ppm, etc):

For Damages:

Type of equipment involved: Severity of damage:

Incident notifications must be submitted to the CNSOER and the Workplace Committee as soon as reasonably practicable but no later than 24 hours after the operator becomes aware of any incident. This written notification form may be submitted to the CNSOER by email to incident@cnsoer.ca along with a short descriptive title and the operator's incident identification number. The Incident Summary Report is to be submitted in accordance with the Incident Reporting Guideline.