|  |  |  |  |
| --- | --- | --- | --- |
| Location of Incident: |       | Date Incident Occurred: |       |
| Site Inspection: | [ ]  No [ ]  Yes, by whom:        | Inspection Date: |       |

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| **Background to the Incident** | **Summary and assessment of conditions and events immediately preceding the incident:** |
|       |

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| **Description of the Incident** | **Summary of the event (time occurred, description of circumstances, actions taken in response):** |
|       |

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| --- | --- |
| Cause | **Actual or suspected cause and the rationale used to determine the cause:** |
|       |

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| --- | --- | --- | --- | --- |
| **Notifications** |  | **Name** | **Phone** | **Date/Time** |
| Supervisor |       |       |       |
| Management |       |       |       |
| Regulator |       |       |       |
| RCMP/Fire Department etc. |       |       |       |
| Occupational Health and Safety |       |       |       |
| Environmental Regulator |       |       |       |
| Landowner |       |       |       |

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| **Recommendations** | Corrective actions to improve existing operations: | **Person Responsible** | **Target Date** |
|       |       |       |
|       |       |       |
|       |       |       |

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| **Recommendations** | Corrective actions to prevent future occurrences: | **Person Responsible** | **Target Date** |
|       |       |       |
|       |       |       |
|       |       |       |

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| --- | --- | --- |
| **Cost Estimate** | Equipment damage and repair. Describe:       |       |
| Clean up and remediation. Describe:       |       |
| Is an AFE required? [ ] No [ ] Yes AFE #       | **Total $** |       |

|  |  |
| --- | --- |
| **ERP Evaluation** | AER Emergency Level: *[ ]* Alert, *[ ]* Level 1, *[ ]* Level 2 or *[ ]* Level 3 or *[ ]* N/A |
| ERP implementation evaluation and comments: |
|       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reviewers** | **Reviewer** | **Title** | **Name** | **Date** |
| Field Personnel |       |       |       |
| Supervisor |       |       |       |
| Management |       |       |       |