



Document Control #:  
HOC-HS-PL-0001



# CORPORATE (CORE)

## EMERGENCY RESPONSE PLAN

July 15, 2024

Harvest Operations Corp. 24 Hour Emergency – 1.800-760-2826  
AER Emergency # - 1-800-222-6514  
BCER Emergency # - 1-800-663-3456  
CER Emergency # - 819-953-7876



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## REVISION RECORD

This Emergency Response Plan (ERP) is reviewed for accuracy on a regular basis and updated as required to ensure regulations and corporate policies are adhered to. To ensure this copy of the plan remains current, record any revisions you receive on the following record form.

| REVISION RECORD |          |                |                                                                                                                                                                                                                                                                                             |
|-----------------|----------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Revision #      | Update # | Date           | Change Details / Comments                                                                                                                                                                                                                                                                   |
| 1               | --       | April 25       | Update to section 7; Corporate Telephone Directory                                                                                                                                                                                                                                          |
| 2               | --       | June 2016      | Update to section 7; Corporate Telephone Directory                                                                                                                                                                                                                                          |
| 3               | --       | December 2016  | Update to section 7; Corporate Telephone Directory                                                                                                                                                                                                                                          |
| 4               | --       | March 2017     | Large scale updates to most sections. Entire CERP was reprinted and redistributed.                                                                                                                                                                                                          |
| 4               | 1        | November 2017  | Update to section 7; Corporate Telephone Directory                                                                                                                                                                                                                                          |
| 4               | 2        | January 2018   | Update to section 7; Corporate Telephone Directory                                                                                                                                                                                                                                          |
| 4               | 3        | April 2018     | Annual update. Update to section 7; corporate telephone directory                                                                                                                                                                                                                           |
| 4               | 4        | 16 July 2018   | Update to corporate telephone directory                                                                                                                                                                                                                                                     |
| 4               | 5        | August 1 2018  | Update to Distribution List.<br>Update to EOC Team List.<br>Addition to section 4; Role of the President.<br>Addition to role of EOC Director.<br>Removal of Section "Head" roles from EOC Team.<br>Subsequent changes to page numbers for section 4<br>Update to ICS Flowchart section 3.1 |
| 4               | 6        | May 15, 2019   | Annual Update to 2019 Sect 7 Contact list updated. Cover page updated to 2019. ERP Acknowledgment Form updated.<br>All pages in OGC's Manual updated to read May 2019 (Only changed pages in Harvest binders include updated date).<br>Distribution List Updated.                           |
| 4               | 7        | June 4, 2019   | Submitted ERP to OGC 05-19                                                                                                                                                                                                                                                                  |
| 4               | 8        | June 12, 2019  | Submitted Revised ERP to OGC 2 6-19 Included Section 8 Forms                                                                                                                                                                                                                                |
| 4               | 9        | June 14, 2019  | Submitted Revised ERP to OGC 3 6-19 Revision Log Entries                                                                                                                                                                                                                                    |
| 4               | 10       | June 18, 2019  | Submitted Revised ERP to OGC 4 6-19 Revised Revision Log                                                                                                                                                                                                                                    |
| 4               | 11       | March 31, 2020 | Minor Personnel Updates and change NEB to CER                                                                                                                                                                                                                                               |
| 4               | 12       | July 15, 2020  | Annual Update                                                                                                                                                                                                                                                                               |
| 5               | --       | July 15, 2021  | Complete update to sections 4 and Forms                                                                                                                                                                                                                                                     |
| 6               | --       | July 15, 2022  | Annual Update                                                                                                                                                                                                                                                                               |
| 7               | --       | July 15, 2023  | Annual Update                                                                                                                                                                                                                                                                               |
| 8               | --       | July 15, 2024  | Annual Update                                                                                                                                                                                                                                                                               |
|                 |          |                |                                                                                                                                                                                                                                                                                             |
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## DISTRIBUTION LIST

Responsibility for ensuring revisions and updates are distributed to the listed recipients lies with Harvest Emergency Management. It is the responsibility of the recipients to ensure updates and revisions are input to their emergency response binders as directed.

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| <b>External</b>   |                                |               |                   |   |
| G-1               | Alberta Energy Regulator (AER) | Calgary       | DDS               | C |
| G-2               | BC Energy Regulator (BCER)     | Fort St. John | HC / D            | C |
| G-3               | Canada Energy Regulator (CER)  | Calgary       | HC / D            | C |

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**REVISION REQUEST FORM**

| ERP REVISION REQUEST FORM                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <p>This form is to be used to advise Harvest Operation Corp. Emergency Management department of requested changes or additions to an Emergency Response Plan(s). Requests can be made by returning the completed form to:</p> <p><b>Harvest Operations Corp.</b><br/> <b>Attn: Emergency Management &amp; Safety – Rick Lalonde</b><br/> <b>1000, 700 – 9<sup>th</sup> Avenue SW</b><br/> <b>Calgary, AB</b><br/> <b>T2P 3V4</b></p> <p>Or by e-mail to:</p> |                                                          |
| <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Click here to enter a date.                              |
| <b>Person making request</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <b>Position</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |
| <b>Emergency Response Plan Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                          |
| <b>Emergency Response Plan Version</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |
| <b>Section Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                          |
| <b>Page Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                          |
| Details of Revision Request / Change                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |
| To be completed by Emergency Management Team                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |
| <b>Request review by</b>                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |
| <b>Date</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Click here to enter a date.                              |
| <b>Request approved</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Date of follow up with requestor on actions to be taken</b>                                                                                                                                                                                                                                                                                                                                                                                               | Click here to enter a date.                              |
| <b>Comments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |

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## **1.0 INTRODUCTION**

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## **1.1 GOVERNANCE**

It is the responsibility of Harvest's Emergency Management Advisor to ensure that this corporate emergency response plan (CERP) is reviewed on an annual basis and to ensure that the information contained is current. The emergency management advisor will ensure that the CERP is in compliance with all relevant regulatory and legislative requirements.

Any and all amendments and updates will be submitted to the Safety, Health, Environment & Regulatory Team Lead for approval.

## **1.2 SCOPE OF THE EMERGENCY RESPONSE PLAN**

This emergency response plan outlines the procedures to be followed for responding to and managing an incident involving personnel, properties and/or assets owned by Harvest Operations Corp. or any of its subsidiaries and/or entities. Subsidiaries / entities may include Harvest Operations Corp; Harvest Breeze Corporation; 1057533 Alberta Ltd; or HOC Energy Corp. These entities are collectively referred to as "Harvest" in the plan.

The CERP provides common emergency response processes and procedures and with any associated Site-Specific ERP's, enables Harvest to carry out an effective response.

## **1.3 OBJECTIVES AND PRINCIPLES OF THE EMERGENCY RESPONSE PLAN**

Harvest is committed to reacting effectively and efficiently to any incident and will maintain the safety of workers and response personnel and any members of the public who may be affected by Harvest's operations. Harvest is also committed to the protection of the environment and will do all that is possible to eliminate and mitigate any damage during an incident

This emergency response plan is a guide for effectively managing Harvest incident response operations; the intent is to ensure the key elements of an incident response are addressed in a timely manner. Harvest will ensure that the following fundamental objectives of a response are met:

- The health and safety of Harvest employees, responders and contractors is addressed.
- An effective emergency command structure is established using the Incident Command System (ICS).
- Public safety is maintained through notification, evacuation, Shelter-In-Place, air quality monitoring, EPZ isolation, ignition of gas plume.
- Government agencies and local authorities are notified in a timely manner.
- Control and containment efforts are initiated.
- The combined resources of Harvest, mutual aid partners, the government and other external services are effectively utilized.
- Environmental impacts (including air/water/soil quality) are monitored and mitigated.
- Effective communication is maintained with all responders, regulatory and government agencies and members of the public affected by an incident.
- Factual information is provided to the media, the public, Harvest personnel not involved in the response and other stakeholders in a timely manner.
- Records and evidence are preserved.

To accomplish these objectives, Harvest emergency response team members must be familiar with this emergency response plan and have an understanding of how response activities will be carried out.

To support our objectives, Harvest management endorses the following principles:

- Implementation of reasonable precautions and appropriate mitigative measures to minimize the hazards and impact from incidents.
- Adequate emergency response training for Harvest responders.
- Maintenance of this emergency response plan.

## **1.4 ELEMENTS OF THE EMERGENCY RESPONSE PLAN**

The major elements of this emergency response plan are introduced on the following pages. Specific response team duties are outlined in Section 4.0. Facility details, maps and key area contacts for properties operated and/or owned by Harvest are included in Site-Specific ERPs.

The major elements of this emergency response plan are discussed below:

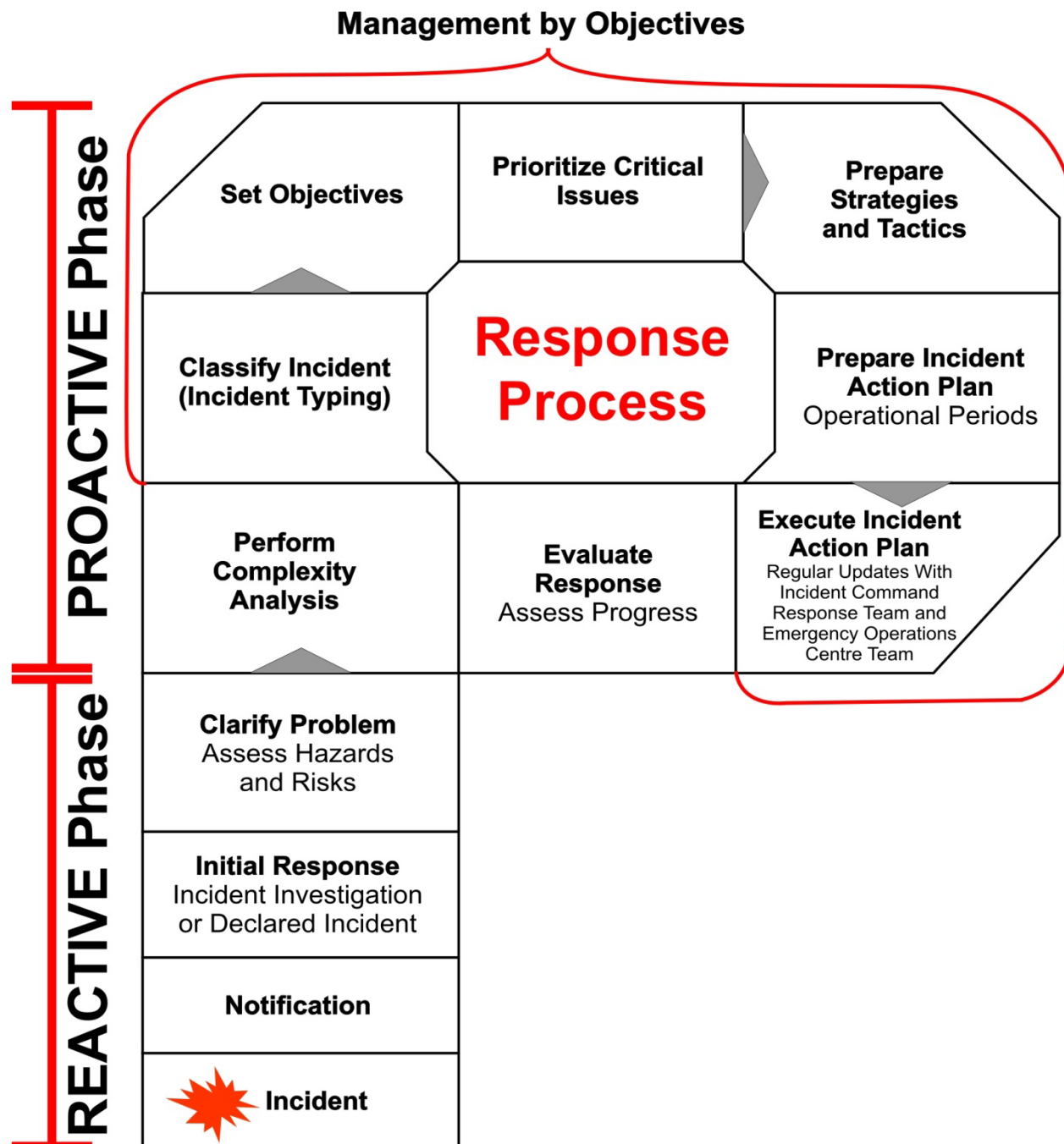
- 1. Incident Command System (ICS):** Harvest has adopted the Incident Command System of emergency management. ICS is an internationally recognized, standardized, all-hazard incident management model and is based on a flexible and modular response organization providing a common framework within which people can respond effectively together. Responders may be drawn from Harvest, mutual aid partners, the government and external services that do not routinely work together. ICS is designed to give standard response procedures.

A flexible/modular organization describes the ability of the ICS structure to expand or contract based on: the complexity of the incident, the location of the incident and available resources. Only those response functions that are required for an effective response should be mobilized.

- 2. Overall Command and Authority:** The Harvest Incident Commander manages the Harvest Incident Management Team. Harvest's Incident Commander will ensure the response is effective and will mobilize additional response team members as required. Harvest's Incident Commander may obtain advice and support from Harvest's Incident Director and will be the company's representative in Unified Command
- 3. Unified Command:** Unified Command is a team effort process, allowing Harvest and the involved jurisdictional agencies with responsibility for an emergency, either geographically or functionally, to establish one common set of incident objectives, strategies and tactics that all can subscribe to. This is accomplished without losing or abdicating Harvest or government agency authority, responsibility or accountability.
- 4. Incident Action Plan (IAP):** Every incident will have a verbal or written Incident Action Plan that includes response Objectives, Strategies and Tactics. The purpose of an Incident Action Plan is to provide all responders with a plan that they can adhere to and is developed for a given time-frame called an "Operational Period".
- 5. Effective Span of Control:** A supervisor should manage no more than seven responders. As required, additional levels of supervision may be put in place to maintain effective span of control.
- 6. Formal Communication:** Assigning tasks, requesting additional resources and reporting the progress of assigned tasks must be accomplished through formal communication and follow unity of command (chain of command).
- 7. Informal Communication:** The ICS response organization is open for responders to freely exchange information.

## 1.5 RESPONSE PROCESS

The following diagram depicts a typical Harvest response process:

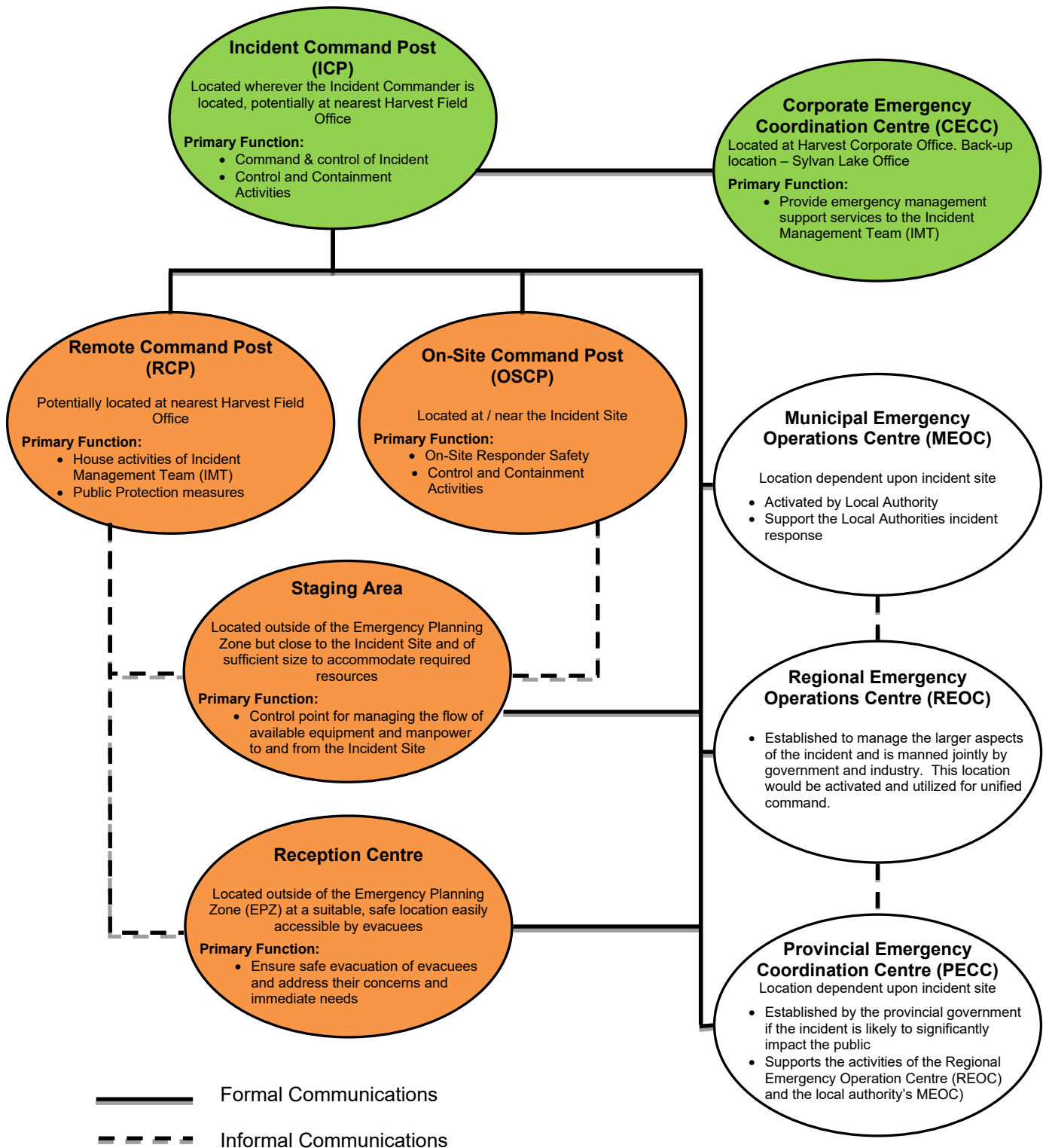


**Response Priorities:**

**Responder Safety/Public Safety/Control and Containment**

## 1.6 INCIDENT FACILITIES

The following diagram depicts various incident facilities:



- 1 **Corporate Emergency Coordination Centre (CECC):** The Corporate Emergency Coordination Centre is located in the Calgary Office and from here, the Incident Director leads the Emergency Management Support Team (EMST) to provide advice and support to Harvest's Incident Management Team (IMT). The Incident Director notifies Harvest Senior Management.
- 2 **Incident Command Post (ICP):** Harvest's Incident Commander establishes the Incident Command Post at a suitable, safe location. The Incident Command Post should have the appropriate equipment including good communication equipment to manage the incident. During a Unified Command response, Harvest may offer its Incident Command Post as the location for Unified Command.
- 3 **Municipal Emergency Operations Centre (MEOC):** Activated by the local authority, the Municipal Emergency Operations Centre (MEOC) supports the local authority's emergency response.
- 4 **On-site Command Post (OSCP):** On-site responder safety and control and containment activities are directed from the On-site Command Post. The On-site Command Post could be as simple as a vehicle equipped with a cellular telephone.
- 5 **Provincial Emergency Coordination Centre (PECC):** The provincial government may establish this centre if the incident is likely to significantly impact the public. The Provincial Operations Centre may be activated to support the activities of the Regional Emergency Operations Centre (REOC) and/or the local authority's Municipal Emergency Operations Centre (MEOC). The Provincial Operations Centre has the capability of accessing provincial, federal and other resources to support the emergency response. The Provincial Operations Centre may also keep elected officials informed.
- 6 **Reception Centre:** Harvest Reception Centre personnel establish the Reception Centre outside the Emergency Planning Zone (EPZ) at a suitable, safe location in the vicinity of the incident. Harvest Reception Centre personnel address the concerns and immediate needs of the evacuated public. Arrangements for alternative accommodation, reimbursement of daily expenses and temporary care of evacuated property are managed through the Reception Centre. Evacuees will not be housed at the Reception Centre.
- 7 **Regional Emergency Operations Centre (REOC):** An operations centre established in a suitable location to manage the larger aspects of the incident and is manned jointly by government and industry staff.
- 8 **Remote Command Post (RCP):** Harvest may establish a Remote Command Post to assist with supervising public protection measures. If established, the Remote Command Post will be set up at a suitable, safe location in the vicinity of the incident.
- 9 **Staging Area:** As required, Harvest will establish a Staging Area. The Staging Area is a control point for regulating the flow of available resources to and from the incident site and the planning and response zones. If established, the Staging Area will be located at a suitable, safe location in the vicinity of the emergency and in some cases, may be co-located with other incident facilities.



## 1.7 EMERGENCY PREPAREDNESS STANDARDS (UPDATES, TRAINING AND EXERCISES)

Harvest's Safety, Health, Environment & Regulatory Team Lead will ensure that this plan is maintained and all information is verified and updated as required by regulation. The names and telephone numbers in this plan must be kept current for the plan to be effective.

**Emergency Response Plan Review Meetings and Response Exercises:** Emergency preparedness will be reviewed regularly with Harvest personnel and contract operators. As a minimum, Emergency Response Plan Review Meetings will be conducted as required by regulation.

Harvest will document all emergency response training and exercises and all ERP Review Meetings.

Response exercises help responders to practice as part of a response team and help to determine any deficiencies in the emergency management process and procedures.

Harvest will provide 30 days advance notice of a scheduled exercise to regulatory authorities and will invite representative(s) to participate or observe.

Response exercises may involve only internal personnel or may involve mutual aid partners and government agencies. These exercises allow responders to practice their roles and identify opportunities to improve emergency preparedness. As a minimum, response training and exercises will be conducted as required by regulation.

Training and exercises may include:

- **Actual Emergency:** When adequately evaluated and documented, the response to an actual emergency can serve as effective training.
- **Orientation Exercise:** Used to introduce participants to, or refresh them on, plans and procedures and is conducted through the use of lectures, panel discussions, media presentations, or talking through the various scenarios and required actions.
- **Drills:** Test a single emergency response function and often involve actual field response. Their effectiveness lies in focusing on a single or relatively limited part of the response system in order to evaluate and improve it.
- **Table-top Exercise:** These exercises are conducted in a conference room setting without the pressures and time constraints of full scale exercises. Participants discuss the responses to a prepared scenario and various theoretical inputs.
- **Functional Exercise:** Is a simulation of an emergency that includes a description of the situation, a timed sequence of messages, and communication between players and a simulation group. Participants practice coordinated, effective response in a time-pressured, realistic yet simulated emergency.
- **Communication Exercise:** During a communication exercise, responders play their roles from assigned locations using the communication equipment that would usually be deployed in a real incident.
- **Full-scale (Major) Exercise:** These exercises validate the major aspects of the company's emergency preparedness program and involve all levels of the organization and government agencies.



## **1.8 FACILITY MODIFICATIONS**

Before any major modification is brought on-stream, relevant data about the modified facility must be added to the appropriate Site-Specific Supplemental Section. If required by regulation, Harvest will submit the modified site-specific information to the regulator for approval, prior to bringing the facility on-stream.

An emergency response plan review meeting for Harvest personnel and contract operators will be held before major facility modifications are brought on-stream. As required by regulation, government agencies will be invited to attend the emergency response plan review meeting.

## **1.9 MUTUAL AID**

In essence, mutual aid signifies a voluntary reciprocal exchange of resources, services and assistance when one member of the coop requests it.

Harvest are members in good standing of various mutual aid coops and synergy groups; the names and scope of these Mutual Aid Coop's and the meeting minutes, where provided, can be found on Harvest's computer network. Harvest's area foremen are aware of the specific coop they are members of.

## **1.10 COMMUNICATION**

### **Public Communication**

It is the responsibility of the Incident Commander to ensure that members of the public are provided with the necessary information regarding any type of emergency that Harvest is experiencing. The actual contact to members of the public may be delegated to another role e.g. Public Protection Branch Director, Telephoner, Information Officer (for media releases). Information that must be passed on to members of the public and details about public protection measures to be taken, will be determined by the Incident Commander in consultation with command and general staff and communicated out to the public as required to ensure public protection is maintained.

### **Field, assigned EOCs and CECC Communication**

Communications between the various incident command facilities and between emergency responders will be carried out by one or normally a combination of the following methods:

- Telephone land line
- Mobile phone
- Two-Way radio
- Satellite phone
- E-mail

Some roads in Harvest's operational areas are radio controlled i.e. call-in when using this road is required. The production or site specific ERP will contain information regarding the correct frequencies and channels that must be used; if the area does not have a regulated ERP, the area foreman and lead operator will be able to provide that information.

### **Internal Communication**

All relevant and pertinent information regarding the emergency will be disseminated to the Incident Management Team and the Incident Commander; any information of a delicate or private nature will be communicated to the Incident Director only by the Incident Commander.

The decision on what emergency situation information is to be disseminated; to which Harvest personnel; and how this information is to be communicated will be made by the Information Officer with approval from the Incident Commander. Information may be communicated via departmental managers, Harvest intranet, Harvest's external web site or other method deemed appropriate.

**Media Communication**

When an incident occurs that affects responders, the health and safety of the public, the environment or causes property damage, the incident could attract media interest. It is important that Harvest addresses the media appropriately and uses media relations as a tool to provide timely public safety messages to disseminate accurate information regarding the incident while reducing the potential for any misinformation.

**NOTE: All statements of news releases related to an incident must be approved by Harvest senior management in association with the Incident Commander.**

**Once approved, Harvest will coordinate media releases with the local petroleum regulatory agency prior to release to ensure consistency and accuracy of information. Information can be communicated through the designated spokesperson (Information Officer), news releases, a press conference or another effective means Harvest chooses to use.**

Harvest supports cooperating with the media within a well-managed channel of communication. Only authorized spokespersons representing Harvest should communicate with the media to ensure consistent, factual and timely information is provided. Harvest personnel listed as a potential Information Officer and their names and contact details can be found in Section 7.

The role and responsibilities of the Information Officer can be found in Section 4.4 and media guidelines can be found in Section 6.20

## **2.0 INCIDENT CLASSIFICATION, NOTIFICATION / REPORTING, ACTIVATION / PUBLIC PROTECTION MEASURES, RESPONDER SAFETY**

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## **CLASSIFICATION OF INCIDENTS**

Incidents in all regulatory jurisdictions are classified based on two overarching parameters: 1) the **consequence of the incident** as it relates to responders, public and environment safety and protection and 2) the **likelihood of the incident escalating** based on the level of control the Duty Holder has on the incident. The criterion for determining consequence and escalation differ slightly between regulatory jurisdictions and it is the responsibility of the Incident Commander to ensure the correct classification matrix is being utilized. Once the incident has been classified by Harvest, it should be confirmed with the agency having regulatory jurisdiction and communicated within the response organization to ensure all agencies and responders are operating/responding under the same parameters as dictated by regulation for the chosen classification. Choosing the applicable classification matrix will be determined as follows:

- “AER Assessment Matrix for Classifying Incidents” will be used for incidents that occur in the province of Alberta where the asset in question is not regulated by the Canada Energy Regulator (CER) but regulated by the Alberta Energy Regulator (AER).
- “BCER Classification Matrix” will be used for incidents that occur in the province of British Columbia where the asset is regulated by the British Columbia Energy Regulator.
- Canada Energy Regulator regulated assets will utilize the provincial classification matrix for the geographic area in which the incident is occurring, ie. An incident occurring within the province of Alberta will utilize the AER Assessment Matrix for Classifying Incidents.
- Harvest Operations Corp. is only operational within the provinces of Alberta and British Columbia; however, if operations expand to other jurisdictions, that jurisdictions applicable assessment matrix will be utilized.
- In a jurisdiction absent of any classification matrix, Harvest Operations Corp. will utilize the AER Assessment Matrix for Classifying Incidents.

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## 2.1 ALBERTA – ASSESSMENT MATRIX FOR CLASSIFYING INCIDENTS

The Alberta Energy Regulator (AER) has developed an assessment matrix so that incidents can be classified by petroleum operators in the province in a consistent manner that reflects the nature of the hazard and the potential to impact members of the public and the environment. The matrix considers the risk, control, containment and impact on safety and the environment in arriving at a classification (the matrix and responses by incident level has been obtained from Appendix 4 of the AERs Directive 71 – February 2023).

Once incident classification has been determined using the assessment matrix, refer to “Responses by incident level” table on the next page to assist in determining required actions, communications and resources during an alert or level of emergency.

| 1. Consequence of incident |              |                                                                                                                                                                                                                                                                                                              |
|----------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rank                       | Category     | Example of consequence in category                                                                                                                                                                                                                                                                           |
| 1                          | Minor        | <ul style="list-style-type: none"> <li>No worker injuries</li> <li>Nil or low media interest</li> <li>Liquid release contained on lease</li> <li>Gas release impact on lease only</li> </ul>                                                                                                                 |
| 2                          | Moderate     | <ul style="list-style-type: none"> <li>First aid treatment required for on-site worker(s)</li> <li>Local and possible regional media interest</li> <li>Liquid release not contained on lease</li> <li>Gas release impact has potential to extend beyond lease</li> </ul>                                     |
| 3                          | Major        | <ul style="list-style-type: none"> <li>Worker(s) requires hospitalization</li> <li>Regional and national media interest</li> <li>Liquid release extends beyond lease – not contained</li> <li>Gas release impact extends beyond lease – public health/safety could be jeopardized</li> </ul>                 |
| 4                          | Catastrophic | <ul style="list-style-type: none"> <li>Fatality</li> <li>National and international media interest</li> <li>Liquid release off lease not contained – potential for or is affecting water or sensitive terrain</li> <li>Gas release impact extends beyond lease – public health/safety jeopardized</li> </ul> |

| 2. Likelihood of incident escalating |                                       |                                                                                                                                                                                                                                     |
|--------------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Rank                                 | Descriptor                            | Description                                                                                                                                                                                                                         |
| 1                                    | Unlikely                              | The incident is contained or controlled, and is unlikely to escalate. There is no chance of additional hazards. Ongoing monitoring required.                                                                                        |
| 2                                    | Moderate                              | Control of the incident may have deteriorated but imminent control of the hazard by the duty holder is probable. It is unlikely that the incident will escalate.                                                                    |
| 3                                    | Likely                                | Imminent or intermittent control of the incident is possible. The duty holder has the capability of using internal and external resources to manage and bring the hazard under control in the near term.                            |
| 4                                    | Almost certain or currently occurring | The incident is uncontrolled and there is little chance that the Duty Holder will be able to bring the hazard under control in the near term. The Duty Holder will require assistance from outside parties to remedy the situation. |

Sum the rank from both columns to obtain the risk level and the incident classification

| Assessment results |                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Very low<br>2 – 3  | <b>Alert:</b> An incident that can be handled on site by the duty holder through normal operating procedures and is deemed a very low risk to the public.                                                                                                                                                                                                                         |
| Low<br>4 – 5       | <b>Level 1:</b> The incident presents no danger outside the duty holder's property or threat to the public and has a minimal environmental impact. Duty-holder personnel can manage the incident themselves with immediate control of the hazard. There is little or no media interest.                                                                                           |
| Medium<br>6        | <b>Level 2:</b> The incident presents no immediate danger outside the duty holder's property but could potentially extend beyond the duty holder's property. Outside agencies must be notified. Imminent control of the hazard is probable, but there is a moderate threat to the public or the environment or both. There may be local and regional media interest in the event. |
| High<br>7 – 8      | <b>Level 3:</b> The safety of the public is in jeopardy from a major uncontrolled hazard. There are likely significant and ongoing environmental impacts. Immediate multiagency municipal and provincial government involvement is required.                                                                                                                                      |

## 2.2 ALBERTA – RESPONSES BY INCIDENT LEVEL

| Responses by incident level |                                                        |                                                                                                                                                  |                                                                                                                                         |                                                                                  |
|-----------------------------|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Responses                   | Alert                                                  | Level 1                                                                                                                                          | Level 2                                                                                                                                 | Level 3                                                                          |
| <b>Communications</b>       |                                                        |                                                                                                                                                  |                                                                                                                                         |                                                                                  |
| <b>Internal</b>             | Discretionary, depending on duty holder's policy.      | Notification of off-site management.                                                                                                             | Notification of off-site management.                                                                                                    | Notification of off-site management.                                             |
| <b>Public</b>               | Courtesy, at duty holder's discretion.                 | Mandatory for individuals in the Emergency Planning Zone (EPZ) who have requested notification.                                                  | Planned and instructive in accordance with the specific emergency response plan.                                                        | Planned and instructive in accordance with the specific emergency response plan. |
| <b>Media</b>                | Reactive.                                              | Reactive, as required.                                                                                                                           | Proactive media management to local or regional interest.                                                                               | Proactive media management to national interest.                                 |
| <b>Government</b>           | Reactive. Notify AER if public or media is contacted.  | Notify Local AER Field Centre. Call Local Authority and Health Authority if public or media is contacted.                                        | Notify Local AER Field Centre, Local Authority, and Health Authority.                                                                   | Notify Local AER Field Centre, Local Authority, and Health Authority.            |
| <b>Actions</b>              |                                                        |                                                                                                                                                  |                                                                                                                                         |                                                                                  |
| <b>Internal</b>             | On-site as required by the duty holder.                | On-site, as required by the duty holder. Initial response is in accordance with the AER-approved emergency response plan (ERP) or corporate ERP. | Predetermined public safety actions are under way. Corporate management team alerted and may be engaged to support on-scene responders. | Full implementation of incident command system.                                  |
| <b>External</b>             | On-site as required by the duty holder.                | On-site as required by duty holder.                                                                                                              | Potential for multiagency response (i.e., operator, municipal, provincial, federal).                                                    | Immediate multiagency response (i.e., operator, municipal, provincial, federal). |
| <b>Resources</b>            |                                                        |                                                                                                                                                  |                                                                                                                                         |                                                                                  |
| <b>Internal</b>             | Immediate and local. No additional personnel required. | Establish what resources are required.                                                                                                           | Limited supplemental resources or personnel required.                                                                                   | Significant resources are required.                                              |
| <b>External</b>             | None.                                                  | Begin to establish resources that may be required.                                                                                               | Possible assistance from government agencies and external support services.                                                             | Assistance from government agencies and external support services are required.  |



## 2.3 INCIDENT CLASSIFICATION EXAMPLES FOR DRILLING, COMPLETION, TESTING, WORKOVER AND SERVICING OPERATIONS

NOTE: The following operational examples - drilling, completion, testing, workover and servicing have been supplied to assist Harvest in classifying an incident. Each Operational Example MUST be confirmed by using the appropriate provincial Assessment Matrix described within this section.

|                          | Drilling                                                                                                                                                                                                                                                                                                                                                                           | Completion                                                                                                                                                                                                                                                                                                                                                                                                                           | Testing | Workover / Servicing |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------|
| Alert (AB)<br>Minor (BC) | <ul style="list-style-type: none"><li>• a kick</li><li>• lost circulation</li></ul>                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                      |
| Level 1                  | <ul style="list-style-type: none"><li>• a significant kick</li><li>• significant loss of circulation</li><li>• inability to circulate</li><li>• H<sub>2</sub>S or abnormal amounts of soluble sulphides in the drilling fluid</li><li>• any abnormal situation that could affect well control</li></ul>                                                                            | <ul style="list-style-type: none"><li>• inability to shut in the wellhead because of stuck wireline, endless tubing or tools straddling the master valves</li><li>• communication between the tubing and annulus, above the packer, when the well is not dead</li><li>• H<sub>2</sub>S or abnormal amounts of soluble sulphides in the well control fluids</li><li>• any abnormal situation that could affect well control</li></ul> |         |                      |
| Level 2                  | <ul style="list-style-type: none"><li>• lost circulation with mud losses exceeding the mixing rate</li><li>• insufficient degasser capacity</li><li>• incomplete combustion of H<sub>2</sub>S gas at the flare pit</li><li>• equipment malfunction that hinders well control while shutting in the well or circulating a kick</li></ul>                                            | <ul style="list-style-type: none"><li>• a wellhead leak below the master valve</li><li>• a serious leak from lubricator equipment while the tubing is flowing</li><li>• communication from the sour formation to the surface casing vent</li><li>• an equipment malfunction that hinders well control while shutting in the well or circulating a kick</li></ul>                                                                     |         |                      |
| Level 3                  | <ul style="list-style-type: none"><li>• inability to shut in the well (this may be caused by a malfunction of the pipe rams, blind rams, annular preventer, stabbing valve or by a flow through cracks, seals or gaskets below the effective BOP equipment)</li><li>• inability to ignite flow at the flare pit or the flare stack and the inability to shut the well in</li></ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                      |

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## 2.4 BC ENERGY REGULATOR'S (BCER'S) INCIDENT CLASSIFICATION MATRIX

The classification of an incident is determined for each event or consequence in the following matrix by identifying the probability of escalation or control of the event or consequence. Determine the most suitable "Event or Consequence" and "Probability of Escalation or Control" by reviewing all the scenarios listed, the intersection (or cross point) on the matrix will determine the Level of Emergency as defined by the BCER and the appropriate reporting procedures with the regulator.

|                      | <br><b>BCER Incident Classification Matrix</b>                                                                                                                                                                                                                                                                                           | Probability of Escalation or Control                      |                                                           |                                                                                                                                                      |                                                                                                                                                                                                                       |                                                                                                                                                                                                                       |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                           | Uncontrolled, control unlikely in near term               | Escalation possible; under or imminent control            | Escalation unlikely; controlled or likely imminent control                                                                                           | Escalation highly unlikely; controlled or imminent control                                                                                                                                                            | Will not escalate; no hazard; no monitoring required                                                                                                                                                                  |
| Event or Consequence | <input type="checkbox"/> Major on site equipment or infrastructure loss<br><input type="checkbox"/> Persistent and malicious equipment damage or tampering<br><input type="checkbox"/> Liquid spill or gas release beyond site, affecting persons, property or the environment                                                                                                                                            | <b>Level 3 Incident</b><br>Immediate Notification to EMCR | <b>Level 3 Incident</b><br>Immediate Notification to EMCR | <b>Level 2 Incident</b><br>Immediate Notification to EMCR                                                                                            | <b>Level 2 Incident</b><br>Immediate Notification to EMCR                                                                                                                                                             | <b>Level 1 Incident</b><br>Immediate Notification to EMCR                                                                                                                                                             |
|                      | <input type="checkbox"/> Major on site equipment failure<br><input type="checkbox"/> Malicious equipment damage or tampering<br><input type="checkbox"/> Liquid spill or gas release beyond site, potentially affecting persons, property or the environment<br><input type="checkbox"/> Occurrence of magnitude 4.5 or greater induced earthquake (felt at surface, probability must be recorded as 2 or higher)         | <b>Level 3 Incident</b><br>Immediate Notification to EMCR | <b>Level 2 Incident</b><br>Immediate Notification to EMCR | <b>Level 2 Incident</b><br>Immediate Notification to EMCR                                                                                            | <b>Level 1 Incident</b><br>Immediate Notification to EMCR                                                                                                                                                             | <b>Level 1 Incident</b><br>Immediate Notification to EMCR                                                                                                                                                             |
|                      | <input type="checkbox"/> Major on site equipment damage<br><input type="checkbox"/> Kick size in excess of 3 cubic metres or shut-in casing pressure in excess of 1000 kilopascals<br><input type="checkbox"/> Persistent / multiple minor vandalism or security incidents<br><input type="checkbox"/> Liquid spill or gas release on site or potentially beyond site, not affecting persons, property or the environment | <b>Level 2 Incident</b><br>Immediate Notification to EMCR | <b>Level 2 Incident</b><br>Immediate Notification to EMCR | <b>Level 1 Incident</b><br>Immediate Notification to EMCR                                                                                            | <b>Level 1 Incident</b><br>Immediate Notification to EMCR                                                                                                                                                             | <b>Minor Incident</b> <ul style="list-style-type: none"> <li>• Within 24 hours, report through the BCER's on-line reporting tool (Kermit)</li> <li>• For reportable spills, Immediate Notification to EMCR</li> </ul> |
|                      | <input type="checkbox"/> Moderate on site equipment damage<br><input type="checkbox"/> Minor vandalism or facility security incident<br><input type="checkbox"/> Liquid spill or gas release confined to site<br><input type="checkbox"/> Occurrence of magnitude 4.0 or greater induced earthquake (felt on surface, probability must be recorded as 2 or higher)                                                        | <b>Level 2 Incident</b><br>Immediate Notification to EMCR | <b>Level 1 Incident</b><br>Immediate Notification to EMCR | <b>Level 1 Incident</b><br>Immediate Notification to EMCR                                                                                            | <b>Minor Incident</b> <ul style="list-style-type: none"> <li>• Within 24 hours, report through the BCER's on-line reporting tool (Kermit)</li> <li>• For reportable spills, Immediate Notification to EMCR</li> </ul> | <b>Minor Incident</b> <ul style="list-style-type: none"> <li>• Within 24 hours, report through the BCER's on-line reporting tool (Kermit)</li> <li>• For reportable spills, Immediate Notification to EMCR</li> </ul> |
|                      | <input type="checkbox"/> No consequential impacts                                                                                                                                                                                                                                                                                                                                                                         | <b>Level 1 Incident</b><br>Immediate Notification to EMCR | <b>Level 1 Incident</b><br>Immediate Notification to EMCR | <b>Minor Incident</b> <ul style="list-style-type: none"> <li>• Within 24 hours, report through the BCER's on-line reporting tool (Kermit)</li> </ul> | <b>Minor Incident</b> <ul style="list-style-type: none"> <li>• Within 24 hours, report through the BCER's on-line reporting tool (Kermit)</li> </ul>                                                                  | <b>No notification Required</b>                                                                                                                                                                                       |

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## **2.5 CANADA ENERGY REGULATOR (CER) INCIDENT CLASSIFICATION**

“Significant Incidents” (as defined below) on any CER regulated pipeline or facility should be reported immediately (ASAP and no later than three hours of the incident being discovered) to the TSB’s Reporting Hotline as well as electronically in the CER’s Online Event Reporting System (OERS) at <https://apps.cer-rec.gc.ca/ERS/Home/Index/>). All other events not deemed “significant” must be reported within 24 hours of occurrence or discovery to the Online Reporting System. OERS also allows for incidents to be reported on a precautionary basis when there is doubt as to whether the incident should be reported or not. From the precautionary report, the CER will determine if the incident is reportable and act accordingly.

### **Significant Incidents**

**Incident** – As defined by Canadian Energy Regulator Onshore Pipeline Regulations (amended September 27, 2022)

Section 1 - An occurrence that results in:

- (a) The death of or serious injury (the fracture of a major bone; the amputation of a body part; the loss of sight on one or both eyes; internal hemorrhage; third degree burns; unconsciousness; or the loss of a body part or function of a body part) to a person;
- (b) A significant adverse effect on the environment;
- (c) An unintended fire or explosion;
- (d) An unintended or uncontained release of LVP hydrocarbons in excess of 1.5 m<sup>3</sup>;
- (e) An unintended or uncontrolled release of gas or HVP hydrocarbons;
- (f) The operation of pipeline beyond its design limits as determined under CSA Z662 or CSA Z276 or any operating limits imposed by the Regulator.

Section 52 (1) – A company shall immediately notify the Regulator of any incident relating to the construction, operation or abandonment of its pipeline and shall submit a preliminary and detailed incident report to the Regulator as soon as practicable.

Transportation Safety Board reporting requirements in addition to the CER Incident reporting requirements listed above include:

- An unintended or uncontrolled sweet natural gas or high vapour pressure (HVP) release in excess of 30,000 m<sup>3</sup>;
- Any unintended or uncontrolled release of sour natural gas or hydrogen sulfide;
- A significant adverse effect on the environment (a release of any chemical or physical substance at a concentration or volume sufficient to cause an irreversible, long-term, or continuous change to the ambient environment in a manner that causes harm to human life, wildlife, or vegetation);
- A fire, ignition or explosion that poses a threat to the safety of any person, property or the environment;
- A rupture which causes an instantaneous release that immediately impacts the operation of a pipeline segment such that the pressure of the segment cannot be maintained;
- A toxic plume, which is a band of service fluid or other contaminant (e.g. hydrogen sulfide or smoke) resulting from an occurrence that causes people, including employees, to take protective measures (e.g. muster, shelter-in-place or evacuation)

## **2.6 DOWNGRADING AN EMERGENCY LEVEL**

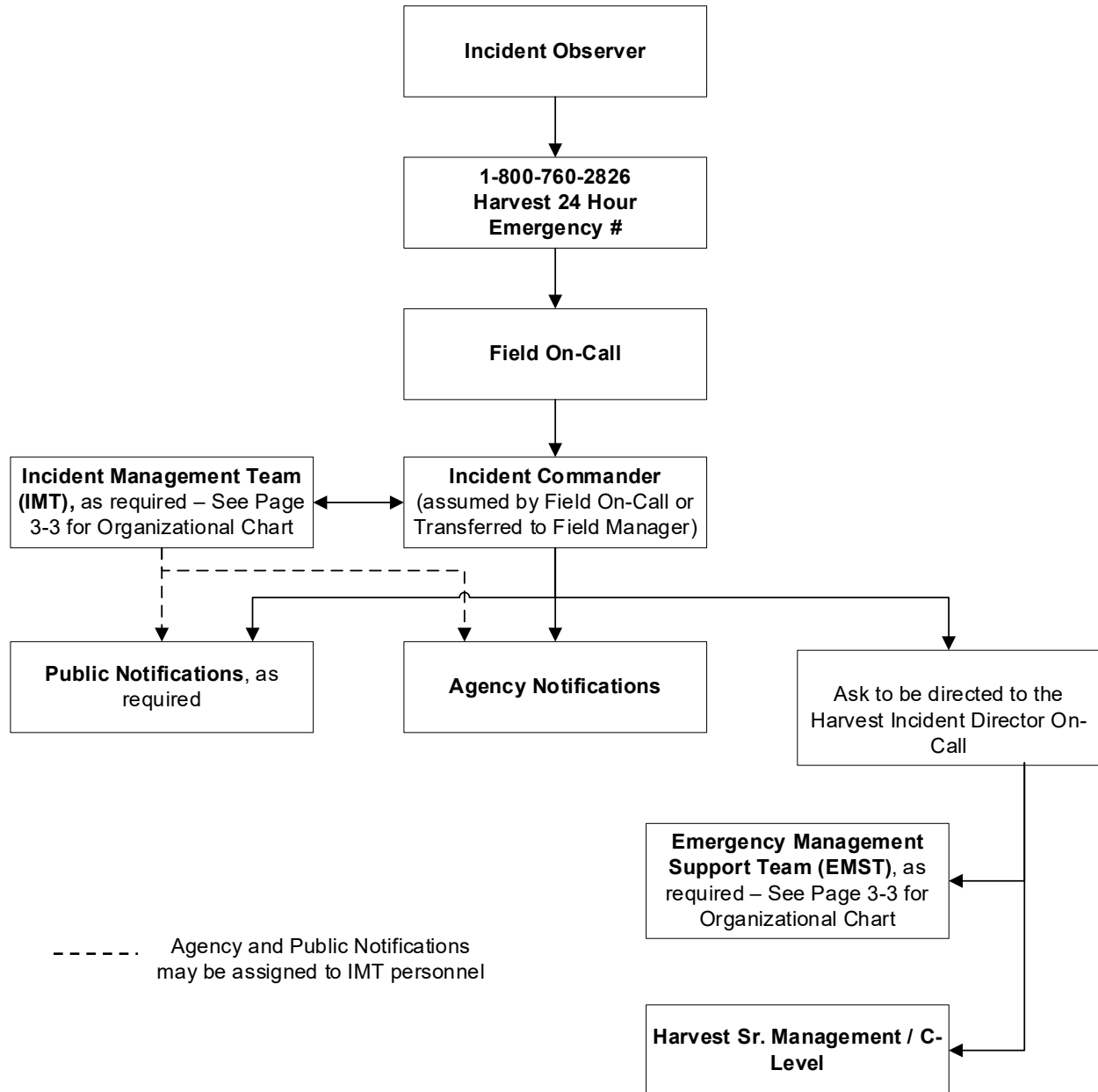
Once the situation improves, the Harvest Incident Commander is the only Harvest representative with the authority (in consultation with the applicable regulatory authority representatives), to downgrade or stand-down a level of emergency.

In Alberta: The Incident Commander will make the decision to downgrade or standdown an emergency in consultation with the Alberta Energy Regulator. The AER will consult with other applicable government agencies and confirm with the Duty Holder that the emergency downgrade or stand-down is appropriate.

In British Columbia: For a Level One, Two or Three Emergency, the Incident Commander will consult with the BCER and Emergency Management & Climate Readiness (EMCR) and together they will determine if downgrade or stand-down is appropriate.

## NOTIFICATIONS

### 2.7 NOTIFICATION FLOWCHART



## 2.8 INCIDENT NOTIFICATION

Based on potential impacts to the public, environment, workers and the corporation, it is essential that all incidents or emergency situations be investigated quickly, professionally and are appropriately addressed. All potential emergencies must be reported to the appropriate field superintendent, manager or foreman, who is responsible for activating the emergency response plan and assuming the role of Incident Commander or ensuring the role has already been appropriately filled by the initial responder. Although operations are monitored on a regular basis, Harvest personnel may initially become aware of an incident from a wide range of detection methods and sources, these may include:

- Supervisory Control and Data Acquisition (SCADA) systems
- Pressure detection systems
- Flow monitors
- Air monitors
- Visual observation
- Audible observation
- Odour

The following sources may also advise Harvest about an incident:

- Harvest field operators
- Contract personnel
- Other industrial operators
- Regulatory agency notification
- Government agencies
- Member of the public
- Media

External notifications of a complaint or incident will typically be received through Harvest's 24 hour emergency number. Call centre operators will ask a series of questions to determine the callers' location and from that information determine which field area is impacted and follow established call down procedures to make contact with on-call field personnel who will be responsible for further clarification and initiating an investigation. Harvest will call back the initial caller regarding Harvest's investigation and response.

| <b>Considerations when taking a public complaint / emergency notification that may indicate immediate shut-in or declaration of emergency is required</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Has there been more than one call regarding the same situation?</li></ul>                                         |
| <ul style="list-style-type: none"><li>• Is the situation within or immediately adjacent to a heavily populated area?</li></ul>                            |
| <ul style="list-style-type: none"><li>• Reason they became concerned (sound, sight, smell, etc.)</li></ul>                                                |
| <ul style="list-style-type: none"><li>• How long has the situation been going on?</li></ul>                                                               |
| <ul style="list-style-type: none"><li>• Have other companies or agencies also been notified?</li></ul>                                                    |
| <ul style="list-style-type: none"><li>• Does Harvest have operations in the area? Including construction, drilling and completions etc.</li></ul>         |
| <ul style="list-style-type: none"><li>• What are the weather conditions?</li></ul>                                                                        |

As soon as Harvest is made aware of a potential incident by any method, Harvest personnel will carry out an investigation to determine the situation. Depending on the number and type of indicators, Harvest operations personnel may declare an emergency and initiate shut down procedures immediately. Once the reported incident has been investigated and deemed to be



Harvest's responsibility, the Incident Commander will activate the Incident Command Post and assign personnel to the Incident Management Team, as required, to respond to the incident. If the situation proves not to be associated with Harvest Operations Corp, Harvest will forward the complaint to the appropriate company if known or the provincial regulatory agency for further response.

## **2.9 INCIDENT DIRECTOR AND CORPORATE NOTIFICATION PROCEDURES**

During any level of declared emergency, the Harvest Incident Commander will notify the on-call Incident Director by calling:

Based on the information communicated at the time, the Incident Director may request further follow up with the Incident Management Team (IMT); Activate the Corporate Emergency Coordination Centre (CECC) and the Emergency Management Support Team – EMST (in whole or in part as required); or agree to remain on stand-by to provide IMT support if required. The Incident Director will ensure senior management and C-Level executives are made aware of the situation, the on-going response and a schedule is agreed upon to provide follow up information.

## **2.10 PUBLIC NOTIFICATION PROCEDURES**

Notification and type(s) of messaging provided to the public will be based on the type, level and expected duration of the incident. Members of the public to be notified will be determined as part of the Incident Action Plan (IAP) and will be carried out in a timely manner.

## **2.11 GOVERNMENT / AGENCY NOTIFICATION PROCEDURES**

Notification of government agencies is the responsibility of the Incident Commander but may be assigned to other members of the Incident Management Team. The Incident Commander may also request notification support from the corporate Emergency Management Support Team. Based on the type of incident(s) identified the following government contact matrices will provide guidance on which agency should be notified. In areas that maintain a Site Specific ERP supplement, government/agency contact numbers will be listed. Government / agency contact numbers are listed in applicable Site Specific ERP supplement (Section 10). Reporting requirements for spills / releases are listed below in this section for Alberta, British Columbia, CER regulated facilities and Transportation of Dangerous Goods. Failure to report to applicable government and/or regulatory agencies could lead to fines and/or other penalties.

## **2.12 SECURITY THREATS NOTIFICATION PROCEDURES**

If a security threat (to personnel or assets) is received by Harvest that is beyond Harvest's ability to completely manage with this emergency response plan and based on expertise, Harvest will request assistance from applicable agencies such as RCMP, Local Police, Fire Department etc. Harvest also maintains a Security Management Plan that may be activated in conjunction with this ERP.

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## REPORTING REQUIREMENTS

### 2.13 ALBERTA REPORTING REQUIREMENTS

#### ALBERTA GOVERNMENT CONTACT MATRIX

| Incident Type                                                                                                                                                                   | Agency | Alberta Energy Regulator (AER) | Local Authority (County / Municipality / City / Town / First Nations IR) | Alberta Emergency Mgt. Agency (AEMA) | RCMP / Local Police | Alberta Health Services (AHS) | Alberta Transportation & Economic Corridors | Alberta Environment & Protected Areas | Alberta Forestry & Parks | Occupational Health & Safety (OH&S) | Workers' Compensation Board | Alberta Boilers Safety Association (ABSA) | Municipal Affairs – Public Safety Division | NAV Canada - NOTAM | Canadian Coast Guard | Navigable Water/Office of Boating Safety | CANUTEC – Federal & Regional | Fisheries & Oceans Canada (DFO) | Utility Safety Partners (Form. Alberta One Call) | Western Canada Spill Services (WCSS) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------|--------------------------------------------------------------------------|--------------------------------------|---------------------|-------------------------------|---------------------------------------------|---------------------------------------|--------------------------|-------------------------------------|-----------------------------|-------------------------------------------|--------------------------------------------|--------------------|----------------------|------------------------------------------|------------------------------|---------------------------------|--------------------------------------------------|--------------------------------------|
| Public Impact                                                                                                                                                                   |        | ✓                              | ✓                                                                        | ✓                                    | ✓                   | b                             | c                                           | ✓                                     |                          |                                     |                             |                                           | ✓                                          |                    | j                    | f                                        |                              |                                 |                                                  |                                      |
| Sour Hydrocarbon or HVP Release                                                                                                                                                 |        | ✓                              | ✓                                                                        | ✓                                    | ✓                   | b                             | c                                           | ✓                                     |                          | g                                   | d                           | k                                         |                                            | h                  |                      | f                                        |                              | e                               | ✓                                                |                                      |
| LVP Hydrocarbon Liquid Release                                                                                                                                                  |        | ✓                              | ✓                                                                        | ✓                                    | ✓                   | b                             | c                                           | ✓                                     |                          | g                                   | d                           | k                                         |                                            | h                  |                      | f                                        | i                            | e                               | ✓                                                | ✓                                    |
| Sweet Hydrocarbon Release                                                                                                                                                       |        | ✓                              | ✓                                                                        | ✓                                    | ✓                   | b                             | c                                           | ✓                                     |                          | g                                   | d                           | k                                         |                                            | h                  |                      | f                                        |                              | e                               | ✓                                                | ✓                                    |
| Produced Water or Steam Release                                                                                                                                                 |        | a                              | ✓                                                                        | ✓                                    |                     | b                             | c                                           | ✓                                     |                          | g                                   | d                           | k                                         |                                            | h                  |                      | f                                        |                              | e                               |                                                  | ✓                                    |
| Toxic Material Release                                                                                                                                                          |        | a                              | ✓                                                                        | ✓                                    | ✓                   | b                             | c                                           | ✓                                     |                          | g                                   | d                           | k                                         |                                            |                    |                      | f                                        |                              | e                               |                                                  |                                      |
| Rail or Trucking Incident                                                                                                                                                       |        | ✓                              |                                                                          | ✓                                    | ✓                   | b                             | c                                           |                                       |                          | g                                   | d                           |                                           |                                            |                    |                      | f                                        | i                            | e                               |                                                  |                                      |
| Pressure Vessel or Piping Incident (On-site)                                                                                                                                    |        | a                              |                                                                          | ✓                                    |                     | b                             |                                             | ✓                                     |                          | g                                   | d                           | ✓                                         |                                            |                    |                      |                                          | i                            |                                 |                                                  |                                      |
| Fire / Explosion                                                                                                                                                                |        | a                              | ✓                                                                        | ✓                                    | ✓                   | b                             | c                                           | ✓                                     | ✓                        | g                                   | d                           | k                                         |                                            | h                  |                      |                                          | i                            |                                 |                                                  |                                      |
| Operation of Facilities Beyond Designed Limits                                                                                                                                  |        | a                              |                                                                          | ✓                                    |                     |                               | c                                           |                                       |                          | g                                   | d                           | k                                         |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| Serious Injury or Death (Incl. Vehicle Accidents)                                                                                                                               |        | ✓                              |                                                                          | ✓                                    | ✓                   |                               | c                                           |                                       |                          | g                                   | ✓                           | k                                         |                                            |                    | j                    |                                          |                              |                                 |                                                  |                                      |
| Motor Vehicle Accident (No Injuries)                                                                                                                                            |        |                                |                                                                          |                                      | ✓                   |                               | c                                           |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| Electrical Incident                                                                                                                                                             |        | a                              |                                                                          | ✓                                    |                     | b                             |                                             |                                       |                          | g                                   | d                           |                                           | ✓                                          |                    |                      |                                          |                              |                                 |                                                  |                                      |
| Security Incident                                                                                                                                                               |        | a                              |                                                                          | ✓                                    | ✓                   | b                             |                                             |                                       |                          | g                                   | d                           |                                           |                                            |                    |                      |                                          | i                            |                                 |                                                  |                                      |
| a) Contact the AER for incident occurring at Operations regulated by the AER                                                                                                    |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| b) Contact AHS if incident affects public health or any member has been contacted during a product release                                                                      |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| c) Contact Alberta Transportation & Economic Corridors if incident impacts one, two or three digit numbered Highways; rural roads are the responsibility of the Local Authority |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| d) Contact WCB if there is a serious injury or death as result of an incident (worker related issues) (within 24 hours for a fatality or 72 hours for a serious injury)         |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| e) Contact DFO if there is a release into a water body of any substance deleterious to fish (only if fish bearing water body)                                                   |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| f) Contact if spill / release enters / impacts waterways                                                                                                                        |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| g) Contact if danger to worker exists (within 24 hours for a fatality or 72 hours for a serious injury)                                                                         |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| h) Contact if airspace is impacted                                                                                                                                              |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| i) Contact if Federally transport related – Rail & Air                                                                                                                          |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| j) Contact if search and rescue assistance is required                                                                                                                          |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |
| k) Contact if pressure equipment is impacted                                                                                                                                    |        |                                |                                                                          |                                      |                     |                               |                                             |                                       |                          |                                     |                             |                                           |                                            |                    |                      |                                          |                              |                                 |                                                  |                                      |

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**ALBERTA REPORTING REQUIREMENTS**

**Alberta Energy Regulator (AER) - Reporting Requirements**

- **Any Level of Emergency** as determined using the AER Assessment Matrix for Classifying Incidents. For situations classified as an “Alert”, the AER should be notified as a courtesy or in situations where any member of the public or the media have been notified (for any reason).
- When **oil, water, oilfield waste or unrefined product** is spilled or released from a break or leak in a wellhead, tank, separator, treater or process vessel, the Duty Holder of the well or operator of the facility from which the spill or release occurred shall immediately orally report the size and location of the spill to the appropriate AER Field Centre if:
  - (a) it is not confined to the site of the well or facility from which the spill or release occurred,
  - (b) it is on-site and is in excess of 2 m<sup>3</sup>, or
  - (c) it is on-site and of a size that may cause, is causing or has caused an adverse effect<sup>1</sup>
- A Duty Holder shall immediately notify the AER of **any leak or break** (and its location) that occurs:
  - (a) in a pipeline.
  - (b) during pressure testing of a pipeline.
  - (c) Where contact is made with the pipeline during any ground disturbance, resulting in a puncture of or crack in the pipeline, or in a scratch, gouge, flattening or dent of the surface of the pipeline, or in damage to its protective coating.
  - (d) When a pipeline that is transmitting oil breaks on Crown land or in a forested area. The approximate quantity of oil that has escaped will be required at time of notification.

*Note: the Duty Holder shall on request submit to the AER a written report with details as specified in the Pipeline Rules (Alberta Regulation 125/2023 current as of November 15, 2023) Part 8 Section 67(3).*
- At an **Oil Sands site**, an operator shall report to the AER by the quickest effective means:
  - (a) any liquid spill<sup>2</sup>,
  - (b) any break or leak in a vessel or gathering line or other equipment that occurs at an oil sands site where the loss exceeds 2 m<sup>3</sup> of liquid hydrocarbon or 30,000 m<sup>3</sup> of gas or gas equivalent or where significant damage to equipment occurs, and
  - (c) any fire that occurs at an oil sands site, including the sulphur storage block or handling facility, that requires or results in the deployment of major fire-fighting equipment and resources.

*Note: the operator shall further report by letter within 2 weeks of the AER's direction. Details to be included as specified in the Oil Sands Conservation Rules (Alberta Regulation 76/1988 with amendments up to 216/2022, current as of October 24, 2022) Section 13.*
- The Duty Holder shall advise the appropriate AER Field Centre immediately by the quickest, most effective means, of any **well flowing uncontrolled**. Within 30 days of gaining control of the well, the Duty Holder shall submit to the Regulator a detailed written report of the reasons for the uncontrolled flow and the operations undertaken to control the well.
- Where **oil, water or unrefined product is spilled while being transported**, otherwise than by pipeline, from a well, pipeline or other facility over which the Regulator has jurisdiction to any other like facility, the Duty Holder of a well or pipeline or operator of the facility and the owner of the transportation facility shall immediately report the spill to the appropriate AER Field Centre.

<sup>1</sup> “adverse effect” means impairment of or damage to the environment, human health or safety or property. – Environmental Protection and Enhancement Act, Revised Statutes of Alberta 2000 Chapter E-12 current as of April 1, 2023. Examples may include:

- Any third party impact (e.g. crop damage, vegetation damage, livestock impact)
- Unrecovered spilled substance likely to contaminate surface or ground water
- Groundwater and/or surface water is contaminated
- Release or spill has potential for offsite odour complaints
- Toxic or flammable release to air going offsite

<sup>2</sup> “liquid spill” means any crude bitumen, oil sands product, condensate, salt water or contaminated water that:

- i. Is spilled off an oil sands site,
- ii. Is released into a stream or river or a body of water other than an approved storage site or tailings pond, or
- iii. Is in excess of 2m<sup>3</sup> if released on an oil sands site

But does not include a discharge approved under any Act, rule or regulation.

## ALBERTA REPORTING REQUIREMENTS

### Alberta Energy Regulator (AER) - Reporting Requirements – Cont'd.

- Operators are required to report to the appropriate AER Field Centre, without delay, any **Flaring Events** where:
  - (a) An event exceeds an approval condition
  - (b) Flaring has occurred that could potentially cause an adverse effect
  - (c) The flared volumes exceed approved limits
  - (d) when flaring results in smoke or odours, or any other smoke emissions that may result in public concern
  - (e) flaring that extends over a long duration (24 hours)
- **Other Reportable Losses** that each operator of a well, facility or oil sands scheme and each holder of an approval for an in-situ coal scheme must immediately report to the Regulator (including the location), by the quickest effective means, and shall further report the Regulator by letter include:
  - (a) Any fire that occurs at a well, facility, in-situ coal scheme or at an oil sands oil storage tank or pit owned or operated by the Duty Holder, approval holder or operator where the loss exceeds 2 m<sup>3</sup> of oil or 30,000 m<sup>3</sup> of gas or where damage to the well head occurs
  - (b) Any break or leak in a vessel or gathering line from which the loss exceeds 30,000 m<sup>3</sup> of gas, or
  - (c) Any unexplained loss, including theft of oil at a well, facility, in-situ coal scheme or oil sands facility, where the loss exceeds 2 m<sup>3</sup> or oil, condensate or crude bitumen.

**Source(s):**

- Oil and Gas Conservation Act, Oil and Gas Conservation Rules, Alberta Regulation 151/1971 current as of March 26, 2024.
- Pipeline Act, Revised Statutes of Alberta 2000 Chapter P-15, current as of December 7, 2023.
- Pipeline Rules, Alberta Regulation 125/2023 current as of November 15, 2023.
- Oil Sands Conservation Rules, Alberta Regulation 76/1988 with amendments up to 216/2022, current as of October 24, 2022.
- IL 98-01: A Memorandum of Understanding Between Alberta Environmental Protection and the Alberta Energy and Utilities Board Regarding Coordination of Release Notification Requirements and Subsequent Regulatory Response.
- AER Directive 60: Upstream Petroleum Industry Flaring, Incinerating and Venting (April 6, 2022)

### Alberta Environment & Protected Areas (AEP) - Reporting Requirements

- Where **oil, water or unrefined product is spilled while being transported**, otherwise than by pipeline, from a well, pipeline or other facility over which the Regulator has jurisdiction to any other like facility, the Duty Holder of a well or pipeline or operator of the facility and the owner of the transportation facility shall immediately report the spill to Alberta Environment & Protected Areas.
- Any release or anticipated release of dangerous goods that are being offered for transport, handled or transported by road vehicle, railway vehicle or vessel that meets or exceeds the quantities as listed in Section 2.15 Table 1 (Page 2-30).
- A Duty Holder shall immediately notify the AEP of any leak or break (and its location) that occurs when a pipeline that is transmitting oil breaks on Crown land or in a forested area. The approximate quantity of oil that has escaped will be required at time of notification.
- Operators are required to report to the Pollution Control Division of AEP any Flaring Events from a joint AER/AEP approved facility when:
  - (a) the facility exceeds an approved condition
  - (b) when flaring has the potential to cause an adverse effect
- Any environmental emergency as defined in the Canadian Environmental Protection Act (CEPA) – see below. Alberta Environment & Protected Areas is the identified authority in the province of Alberta who is to receive initial verbal notifications for identified CEPA environmental emergencies.

### Alberta Occupational Health & Safety

When the following occurs at a work site or an illness occurs in connection with a work site, the prime contractor or, if there is no prime contractor, the employer shall report the time, place and nature of the injury, illness or incident to a Director of OH&S as soon as possible:

- An injury, illness or incident that results in the death of a worker,
- An injury, illness or incident in which there is reason to believe the worker has been or will be admitted to a hospital beyond treatment in an emergency room or urgent care facility,

| ALBERTA REPORTING REQUIREMENTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Alberta Occupational Health &amp; Safety – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• An unplanned or uncontrolled explosion, fire or flood that causes a serious injury or illness or that has the potential of causing a serious injury or illness,</li> <li>• The collapse or upset of a crane, derrick or hoist, and</li> <li>• The collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Canadian Environmental Protection Act (CEPA) – Reporting Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p>Section 201 of CEPA 1999 requires that, when an environmental emergency occurs for any of the substances on the list established on Schedule 1 under the Environmental Emergency Regulations or by any established Interim Order (as per 200.1 of CEPA 1999), any person who owns or has the charge, management or control of the substance immediately before the emergency shall, as soon as possible, notify an enforcement officer or any other person designated pursuant to the Regulations. In addition, this person must abide by a number of other requirements, such as taking all reasonable measures consistent with protection of the environment and public safety (i. to prevent the environmental emergency, or ii. To repair, reduce or mitigate any negative effects on the environment or human life or health that result from the environmental emergency or that may reasonably be expected to result from it) and providing a written report. The above obligations also apply to a person who causes or contributes to the emergency.</p> <ul style="list-style-type: none"> <li>• Verbal notification is to be made as soon as possible under the circumstances, to Alberta Environment &amp; Protected Areas 24 hour Energy / Environmental Response Line (AEP is the designated 24 hour provincial authority).</li> <li>• A written report, as per Schedule 8 of the Environmental Emergency Regulations, 2019 SOR/2019-51, is to be electronically submitted by the Company’s accountable officer to the Regional Director, Environmental Enforcement Directorate, Prairie and Northern Region Environment and Climate Change Canada.</li> </ul>                                                                          |
| <b>Transport Canada / Transportation of Dangerous Goods (TDG)– Reporting Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• As per Transportation of Dangerous Goods Regulations, SOR/2001-286, a release or anticipated release of dangerous goods that are being offered for transport, handled or transported by road vehicle, railway vehicle or vessel must, as soon as possible after a release or anticipated release, make an emergency report to any local authority that is responsible for responding to emergencies at the geographic location of the release or anticipated release if the dangerous goods are, or could be, in excess of the quantity set out in Section 2.15 Table 1 (Page 2-30). Local authorities include Alberta Transportation &amp; Economic Corridors (Alberta EDGE – Environmental and Dangerous Goods Emergencies), Alberta Environment &amp; Protected Areas, Local Police, and Canadian Coast Guard, if applicable. Information to be included in the report is as per Section 8.3 of the TDG Regulations.</li> <li>• Incidents involving Liquefied Petroleum Gas (LPG) from a rail, road or stationary tank emergency or Flammable Liquids from a rail transport emergency will require the activation of the <b>Emergency Response Assistance Plan (ERAP)</b> to a Tier 1 or Tier 2 to support first responders in the control of a release of dangerous goods. An ERAP Incident Report is to be made via telephone to <b>Emergency Response Assistance Canada (ERAC)</b> 24 hour number (1-800-265-0212). Once the ERAP has been implemented to a Tier 1 or Tier 2, the Home Base Coordinator (HBC) assigned through ERAC will as soon as possible make an ERAP Implementation Report to the <b>Canadian Transport Emergency Centre (CANUTEC)</b> emergency number (1-888-226-8832).</li> </ul> |
| <i>Additional Reporting Requirements as per the Transportation of Dangerous Goods Regulations include:</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <ul style="list-style-type: none"> <li>• If a release, or anticipated release, of dangerous goods (in excess of the quantities as set out in Section 2.15 Table 1 – Page 2-30) has been reported to local authorities as per Transport Canada reporting requirements and the release has resulted in: <ul style="list-style-type: none"> <li>(a) the death of a person;</li> <li>(b) a person sustaining injuries that required immediate medical treatment by a health care provider;</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |



**ALBERTA REPORTING REQUIREMENTS**

**Transport Canada / Transportation of Dangerous Goods (TDG)– Reporting Requirements – Cont'd.**

- (c) an evacuation of people or their shelter in place;
- (d) the closure of a facility used in the loading and unloading of dangerous goods;
- (e) the closure of a road, a main railway line or a main waterway;
- (f) a means of containment has been damaged to the extent that its integrity is compromised; or
- (g) the centre sill or stub sill of a tank car is broken or there is a crack in the metal equal to or greater than 15cm (6 in.)

Then

- A report to **CANUTEC**'s emergency number must be made.
- In the case of dangerous goods included in Class 7 Radioactive Materials, a report to the **Canadian Nuclear Safety Commission** must be made.
- In the case of a vessel, a report to a **Vessel Traffic Services Centre** or a **Canadian Coast Guard** radio station must be made.

*Note: Information to be included in the report(s) is as per Section 8.5 of the TDG Regulations. A written 30 Day Follow-up Report is required as per Section 8.6 and 8.7 of the TDG Regulations.*

- If there has been an **Unlawful Interference** with dangerous goods while they were being imported, offered for transport, handled or transported; or Dangerous Goods have been **lost or stolen** during their handling or transportation and are within the quantities specified as follows:
  - Any quantity for products listed with UN #'s: UN1261, UN1357, UN1485, UN1486, UN1487, UN1489, UN1495, UN1498, UN1495, UN1498, UN1499, UN1511, UN1796, UN1826, UN1942, UN2014, UN2015, UN2031, UN2032, UN3149, UN 3370.
  - Any quantity for products classified as: Class 1.1, 1.2, 1.3, 2.3, 5.2 (Type B), 6.1 (Packing Group I), 6.2, and 7.
  - A total quantity greater than or equal to 450 kg for products classified as: Class 1.4, 1.5, 1.6, 2.1, 3, 4.1, 4.2 (Packing Group I or II), 5.1 (Packing Group I or II) and 8 (Packing Group I or II).

Then a report via telephone must be made to:

- **CANUTEC**'s emergency number.
- A **Natural Resources Canada** Inspector in the case of dangerous goods classified as: Class 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6 and within the quantities listed above.
- The **Canadian Nuclear Safety Commission** in the case of dangerous goods included in Class 7 Radioactive Materials.

*If the lost or stolen dangerous goods have been found, the agencies listed above must be notified.*

*Note: Information to be included in the report(s) is as per Section 8.17 or 8.19 of the TDG Regulations.*

Source(s):

Transportation of Dangerous Goods Regulations, SOR/2001-286.



## 2.14 BRITISH COLUMBIA REPORTING REQUIREMENTS

### BRITISH COLUMBIA GOVERNMENT CONTACT MATRIX

| Incident Type                                     | Agency | BC Energy Regulator (BCER) | Canada Energy Regulator (CER) | Transportation Safety Board (TSB) | Local Authority (County / Municipality / City / Town / First Nations IR) | Emergency Management & Climate Readiness | RCMP / Local Police | Health Emergency Management BC | Ministry of Transportation & Infrastructure | Ministry of Environment & Climate Change Strategy | BC Ministry of Forests | WorkSafe BC | Technical Safety BC | NAV Canada - NOTAM | Canadian Coast Guard | Navigable Water/Office of Boating Safety | CANUTEC – Federal & Regional | Fisheries & Oceans Canada (DFO) | BC One-Call | Western Canada Spill Services (WCSS) |
|---------------------------------------------------|--------|----------------------------|-------------------------------|-----------------------------------|--------------------------------------------------------------------------|------------------------------------------|---------------------|--------------------------------|---------------------------------------------|---------------------------------------------------|------------------------|-------------|---------------------|--------------------|----------------------|------------------------------------------|------------------------------|---------------------------------|-------------|--------------------------------------|
| Public Impact                                     |        | ✓                          | k                             | k                                 | ✓                                                                        | ✓                                        | ✓                   | b                              | c                                           | ✓                                                 |                        |             |                     |                    | j                    | f                                        |                              |                                 |             |                                      |
| Sour Hydrocarbon or HVP Release                   |        | ✓                          | k                             | k                                 | ✓                                                                        | ✓                                        | ✓                   | b                              | c                                           | ✓                                                 | g                      | d           |                     | h                  |                      | f                                        |                              | e                               | ✓           |                                      |
| LVP Hydrocarbon Liquid Release                    |        | ✓                          | k                             | k                                 | ✓                                                                        | ✓                                        | ✓                   | b                              | c                                           | ✓                                                 | g                      | d           |                     | h                  |                      | f                                        | i                            | e                               | ✓           | ✓                                    |
| Sweet Hydrocarbon Release                         |        | ✓                          | k                             | k                                 | ✓                                                                        | ✓                                        | ✓                   | b                              | c                                           | ✓                                                 | g                      | d           |                     | h                  |                      | f                                        |                              | e                               | ✓           | ✓                                    |
| Produced Water or Steam Release                   |        | a                          | k                             | k                                 | ✓                                                                        | ✓                                        |                     | b                              | c                                           | ✓                                                 |                        | d           |                     | h                  |                      | f                                        |                              | e                               |             | ✓                                    |
| Toxic Material Release                            |        | a                          | k                             | k                                 | ✓                                                                        | ✓                                        | ✓                   | b                              | c                                           | ✓                                                 | g                      | d           |                     |                    |                      | f                                        |                              | e                               |             |                                      |
| Rail or Trucking Incident                         |        | ✓                          | k                             | k                                 |                                                                          | ✓                                        | ✓                   | b                              | c                                           |                                                   | g                      | d           |                     |                    |                      | f                                        | i                            | e                               |             |                                      |
| Pressure Vessel or Piping Incident (On-site)      |        | a                          |                               |                                   |                                                                          | ✓                                        |                     | b                              |                                             | ✓                                                 | g                      | d           | ✓                   |                    |                      |                                          | i                            |                                 |             |                                      |
| Fire / Explosion                                  |        | a                          | k                             | k                                 | ✓                                                                        | ✓                                        | ✓                   | b                              | c                                           | ✓                                                 | ✓                      | d           |                     | h                  |                      |                                          | i                            |                                 |             |                                      |
| Operation of Facilities Beyond Designed Limits    |        | a                          | k                             | k                                 |                                                                          | ✓                                        |                     |                                | c                                           |                                                   |                        | d           |                     |                    |                      |                                          |                              |                                 |             |                                      |
| Serious Injury or Death (Incl. Vehicle Accidents) |        | ✓                          | k                             | k                                 |                                                                          | ✓                                        | ✓                   |                                | c                                           |                                                   |                        | ✓           |                     |                    | j                    |                                          |                              |                                 |             |                                      |
| Motor Vehicle Accident (No Injuries)              |        |                            |                               |                                   |                                                                          |                                          | ✓                   |                                | c                                           |                                                   |                        |             |                     |                    |                      |                                          |                              |                                 |             |                                      |
| Electrical Incident                               |        | a                          |                               |                                   |                                                                          | ✓                                        |                     | b                              |                                             |                                                   | g                      | d           | ✓                   |                    |                      |                                          |                              |                                 |             |                                      |
| Security Incident                                 |        | a                          |                               |                                   |                                                                          | ✓                                        | ✓                   | b                              |                                             |                                                   |                        | d           |                     |                    |                      |                                          | i                            |                                 |             |                                      |

a) Contact the BCER for incident occurring at Operations regulated by the BCER

b) Contact Health Emergency Management BC / Northern Health Authority if incident affects public health or any member has been contacted during a product release

c) Contact BC Ministry of Transportation & Infrastructure if incident impacts one, two or three digit numbered Highways; rural roads are the responsibility of the Local Authority

d) Contact WorkSafe BC if there is a serious injury or death as result of an incident (worker related issues)

e) Contact Fisheries and Oceans Canada if there is a release into a water body of any substance deleterious to fish (only if fish bearing water body)

f) Contact if spill / release enters / impacts waterways

g) Contact BC Ministry of Forests if incident involves a fire that could affect Crown timber.

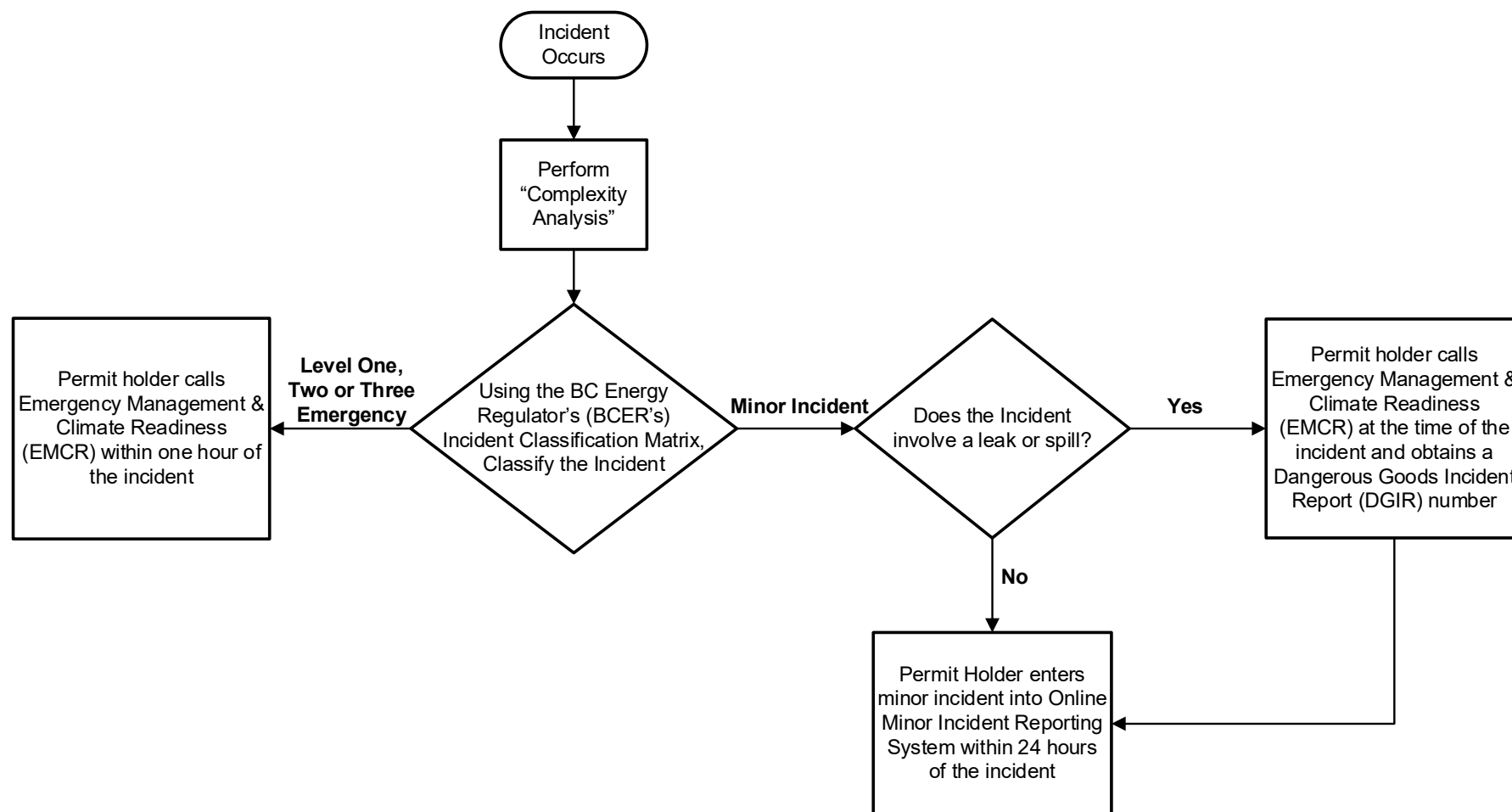
h) Contact if airspace is impacted

i) Contact if Federally transport related – Rail & Air

j) Contact if search and rescue assistance is required

k) Cross border pipelines only – Contact the CER through the TSB 24 hour emergency number for incidents occurring at facilities regulated by the CER.

**Flowchart Outlining the Process for Reporting Either a “Minor Incident” or a Level One, Two or Three Emergency in BC**



**BRITISH COLUMBIA REPORTING REQUIREMENTS**

**BC Energy Regulator (BCER)**

**Spill Reporting Criteria**

Where the permit holder holds or maintains rights, the permit holder must report to the BC Energy Regulator, all spills of materials as identified below:

- A spill or release of any amount of materials which impacts water ways
- Hydrocarbons; 100 litres where the hydrocarbon contains no toxic materials and does not impact water ways
- Produced/salt water; 200 litres where the fluid contains no toxic materials
- Fresh water; 10,000 litres
- Drilling or invert mud; 100 litres
- Sour Natural gas; 10Kg or 15 m<sup>3</sup> by volume where operating pressure is >100 PSI
- Condensate; 100 litres
- Any fluid including hydrocarbons, drilling fluids, invert mud, effluent, emulsions, etc. which contain toxic substances; 25 litres

Even though some spills are not reportable, the requirement to clean up the spill is still mandatory. Spills of reportable amounts which occur in a secondary containment are still a reportable incident.

**Other Reportable Incidents**

The BCER's Incident Classification Matrix is designed to assist permit holders in determining which incidents must be reported. However, some incidents, which do occur, may not meet the criteria outlined in the Incident Classification Matrix but still require notification to the BCER as a minor notification.

These include the following:

- Spills or release of hazardous substances which are not provincially regulated, such as radioactive substances;
- Major damage to oil and gas roads or road structures;
- Drilling kicks when any one of the following occur:
  - pit gain of 3 m<sup>3</sup>
  - or greater
  - casing pressure 85% of MA
  - 50% out of hole when kicked
  - well taking fluid (LC)
  - associated spill
  - general situation deterioration, i.e. leaks, equipment failure, unable to circulate, etc.
- Pipeline incidents, such as spills during construction phase, exposed pipe caused by flooding, pipeline over pressure, failure (without release) of any pressure control or ESD device during operations, and;
- Security related issues which are relatively minor; such information may be required for tracking and monitoring purposes only.

**Incident Reporting Instructions**

Utilizing the BC Energy Regulator's Incident Classification Matrix (Page 2-9), determine the Level of Emergency. Based on the

**Minor Incident**

- The permit holder must report the minor incident to the BCER within 24 hours by electronic submission through the Online Minor Incident Reporting System, operated through KERMIT.
- If the minor incident involves a spill, EMCR must also be called at 1-800-663-3456 for the BC Ministry of Environment & Climate Change Strategy to be notified.
- The incident must be reported by electronic submission by the permit holder incident representative. A copy of the Form A: Minor Incident Notification Form and the Incident Classification Matrix can be found on the Emergency Response and Safety section of the BCER's website, or in the Forms Section under 'REG 3 - BC – Form A: Minor Incident Notification Form', to help the permit holder gather the information required before entering it online. The matrix and any photos or any other relevant documentation can be attached to the online submission.

**BRITISH COLUMBIA REPORTING REQUIREMENTS**

**BC Energy Regulator (BCER) – Cont'd.**

**Level 1, 2, or 3 Incident (Emergency)**

If the incident receives a score of Level 1, 2, or 3, it must be reported immediately (within 1 hour) to the BCER's incident reporting line (EMCR 1-800-663-3456).

**Oil and Gas Road Closures**

In Emergency situations, permit holders must phone the BCER's 24 hour Incident Reporting line to notify the BCER of needed emergency oil and gas road closures.

**Permit Holder Post Incident Report**

The Form D: Permit Holder Post Incident Report Form must be submitted by the permit holder to the BCER within 60 days for:

1. Any Level 1, 2 or 3 emergency incident: complete Part A-P; or
2. Any pipeline incident (including minor incident): complete Part A-U; or
3. Upon request by the BCER.

This report and accompanying documentation can be found on the BCER's website under Emergency Response and Planning, or in the Forms Section 8.0 under 'REG 5 - BC – Form D: Permit Holder Post Incident Report' and must be emailed electronically to [EMP@bcogc.ca](mailto:EMP@bcogc.ca)

Source(s):

- BC Energy Regulator's (BCER) Incident Reporting Instructions and Guidelines, Effective 28-Nov-2023

**BC Ministry of Environment & Climate Change Strategy - Reporting Requirements**

Spills whose type and quantity are defined in the chart below, must be reported to the BC Ministry of Environment & Climate Change Strategy.

| Item | Column 1 – Substance Spilled                                                                                  | Column 2 Specified Amount                                                                                                                                                                                 |
|------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1    | Class 1, Explosives as defined in section 2.9 of the Federal Regulations                                      | Any quantity that could pose a danger to public safety or 50 kg                                                                                                                                           |
| 2    | Class 2.1, Flammable Gases, other than natural gas, as defined in section 2.14 (a) of the Federal Regulations | 10 kg                                                                                                                                                                                                     |
| 3    | Class 2.2 Non-Flammable and Non-Toxic Gases as defined in section 2.14 (b) of the Federal Regulations         | 10 kg                                                                                                                                                                                                     |
| 4    | Class 2.3, Toxic Gases as defined in section 2.14 (c) of the Federal Regulations                              | 5 kg                                                                                                                                                                                                      |
| 5    | Class 3, Flammable Liquids as defined in section 2.18 of the Federal Regulations                              | 100 L                                                                                                                                                                                                     |
| 6    | Class 4, Flammable Solids as defined in section 2.20 of the Federal Regulations                               | 25 kg                                                                                                                                                                                                     |
| 7    | Class 5.1, Oxidizing Substances as defined in section 2.24 (a) of the Federal Regulations                     | 50 kg or 50 L                                                                                                                                                                                             |
| 8    | Class 5.2, Organic Peroxides as defined in section 2.24 (b) of the Federal Regulations                        | 1 kg or 1 L                                                                                                                                                                                               |
| 9    | Class 6.1, Toxic Substances as defined in section 2.27 (a) of the Federal Regulations                         | 5 kg or 5 L                                                                                                                                                                                               |
| 10   | Class 6.2, Infectious Substances as defined in section 2.27 (b) of the Federal Regulations                    | 1 kg or 1 L, or less if the waste poses a danger to public safety or the environment                                                                                                                      |
| 11   | Class 7, Radioactive Materials as defined in section 2.37 of the Federal Regulations                          | Any quantity that could pose a danger to public safety and an emission level greater than the emission level established in section 20 of the "Packaging and Transport of Nuclear Substances Regulations" |
| 12   | Class 8, Corrosives as defined in section 2.40 of the Federal Regulations                                     | 5 kg or 5 L                                                                                                                                                                                               |
| 13   | Class 9, Miscellaneous Products, Substances or Organisms as defined in section 2.43 of the Federal Reg        | 25 kg or 25 L                                                                                                                                                                                             |

| <b>BRITISH COLUMBIA REPORTING REQUIREMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | waste containing dioxin as defined in section 1 of the Hazardous Waste Regulation                              | 1 kg or 1 L, or less if the waste poses a danger to public safety or the environment                                                           |
| 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | leachable toxic waste as defined in section 1 of the Hazardous Waste Regulation                                | 25 kg or 25 L                                                                                                                                  |
| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | waste containing polycyclic aromatic hydrocarbons as defined in section 1 of the hazardous Waste Regulation    | 5 kg or 5 L                                                                                                                                    |
| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | waste asbestos as defined in section 1 of the Hazardous Waste Regulation                                       | 50 kg                                                                                                                                          |
| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | waste oil as defined in section 1 of the Hazardous Waste Regulation                                            | 100 L                                                                                                                                          |
| 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | waste containing a pest control product as defined in section 1 of the Hazardous Waste Regulation              | 5 kg or 5 L                                                                                                                                    |
| 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PCB Wastes as defined in section 1 of the Hazardous Waste Regulation                                           | 25 kg or 25 L                                                                                                                                  |
| 21                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | waste containing tetrachloroethylene as defined in section 1 of the Hazardous Waste Regulation                 | 50 kg or 50 L                                                                                                                                  |
| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | biomedical waste as defined in section 1 of the Hazardous Waste Regulation                                     | 1 kg or 1 L, or less if the waste poses a danger to public safety or the environment                                                           |
| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A hazardous waste as defined in section 1 of the Hazardous Waste Regulation and not covered under items 1 – 22 | 25 kg or 25 L                                                                                                                                  |
| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | A substance, not covered by items 1 to 23, that can cause pollution                                            | 200 kg or 200 L                                                                                                                                |
| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Natural gas                                                                                                    | 10 kg, if there is a breakage in a pipeline or fitting operated above 100 psi that results in a sudden and uncontrolled release of natural gas |
| <ul style="list-style-type: none"> <li>Any release or anticipated release of dangerous goods that are being offered for transport, handled or transported by road vehicle, railway vehicle or vessel that meets or exceeds the quantities as listed in Section 2.15 Table 1 (Page 2-30).</li> <li>Any environmental emergency as defined in the Canadian Environmental Protection Act (CEPA) – see below. BC Ministry of Environment &amp; Climate Change Strategy is the identified authority in the province of British Columbia who is to receive initial verbal notifications for identified CEPA environmental emergencies.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                |                                                                                                                                                |
| <b>Canadian Environmental Protection Act (CEPA) - Reporting Requirements</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                |                                                                                                                                                |
| <p>Section 201 of CEPA 1999 requires that, when an environmental emergency occurs for any of the substances on the list established on Schedule 1 under the Environmental Emergency Regulations or by any established Interim Order (as per 200.1 of CEPA 1999), any person who owns or has the charge, management or control of the substance immediately before the emergency shall, as soon as possible, notify an enforcement officer or any other person designated pursuant to the Regulations. In addition, this person must abide by a number of other requirements, such as taking all reasonable measures consistent with protection of the environment and public safety (i. to prevent the environmental emergency, or ii. To repair, reduce or mitigate any negative effects on the environment or human life or health that result from the environmental emergency or that may reasonably be expected to result from it) and providing a written report. The above obligations also apply to a person who causes or contributes to the emergency.</p> <ul style="list-style-type: none"> <li>Verbal notification is to be made as soon as possible under the circumstances, to Emergency Management &amp; Climate Readiness (EMCR), ECC Incident Reporting Line at 1-800-663-3456. (BC Ministry of Environment &amp; Climate Change Strategy is the designated 24 hour provincial authority).</li> <li>A written report, as per Schedule 8 of the Environmental Emergency Regulations, 2019 SOR/2019-51, is to be electronically submitted by the Company's accountable officer to the Regional Director, Environmental Enforcement Directorate, Pacific and Yukon Region Environment and Climate Change Canada.</li> </ul> |                                                                                                                |                                                                                                                                                |

## BRITISH COLUMBIA REPORTING REQUIREMENTS

### Transport Canada / Transportation of Dangerous Goods (TDG)– Reporting Requirements

- As per Transportation of Dangerous Goods Regulations, SOR/2001-286, a release or anticipated release of dangerous goods that are being offered for transport, handled or transported by road vehicle, railway vehicle or vessel must, as soon as possible after a release or anticipated release, make an emergency report to any local authority that is responsible for responding to emergencies at the geographic location of the release or anticipated release if the dangerous goods are, or could be, in excess of the quantity set out in Section 2.15 Table 1 (Page 2-30). Local authorities include BC Ministry of Transportation & Infrastructure, BC Ministry of Environment & Climate Change Strategy, Local Police, and Canadian Coast Guard, if applicable. Information to be included in the report is as per Section 8.3 of the TDG Regulations.
- Incidents involving Liquefied Petroleum Gas (LPG) from a rail, road or stationary tank emergency or Flammable Liquids from a rail transport emergency will require the activation of the **Emergency Response Assistance Plan (ERAP)** to a Tier 1 or Tier 2 to support first responders in the control of a release of dangerous goods. An ERAP Incident Report is to be made via telephone to **Emergency Response Assistance Canada (ERAC)** 24 hour number (1-800-265-0212). Once the ERAP has been implemented to a Tier 1 or Tier 2, the Home Base Coordinator (HBC) assigned through ERAC will as soon as possible make an ERAP Implementation Report to the **Canadian Transport Emergency Centre (CANUTEC)** emergency number (1-888-226-8832).

#### Additional Reporting Requirements as per the Transportation of Dangerous Goods Regulations include:

- If a release, or anticipated release, of dangerous goods (in excess of the quantities as set out in Section 2.15 Table 1 – Page 2-30) has been reported to local authorities as per Transport Canada reporting requirements and the release has resulted in:
  - (a) the death of a person;
  - (b) a person sustaining injuries that required immediate medical treatment by a health care provider;
  - (c) an evacuation of people or their shelter in place;
  - (d) the closure of a facility used in the loading and unloading of dangerous goods;
  - (e) the closure of a road, a main railway line or a main waterway;
  - (f) a means of containment has been damaged to the extent that its integrity is compromised; or
  - (g) the centre sill or stub sill of a tank car is broken or there is a crack in the metal equal to or greater than 15cm (6 in.)

Then

- A report to **CANUTEC's** emergency number must be made.
- In the case of dangerous goods included in Class 7 Radioactive Materials, a report to the **Canadian Nuclear Safety Commission** must be made.
- In the case of a vessel, a report to a **Vessel Traffic Services Centre** or a **Canadian Coast Guard** radio station must be made.

*Note: Information to be included in the report(s) is as per Section 8.5 of the TDG Regulations. A written 30 Day Follow-up Report is required as per Section 8.6 and 8.7 of the TDG Regulations.*

- If there has been an **Unlawful Interference** with dangerous goods while they were being imported, offered for transport, handled or transported; or Dangerous Goods have been **lost or stolen** during their handling or transportation and are within the quantities specified as follows:
  - Any quantity for products listed with UN #'s: UN1261, UN1357, UN1485, UN1486, UN1487, UN1489, UN1495, UN1498, UN1499, UN1498, UN1499, UN1511, UN1796, UN1826, UN1942, UN2014, UN2015, UN2031, UN2032, UN3149, UN 3370.
  - Any quantity for products classified as: Class 1.1, 1.2, 1.3, 2.3, 5.2 (Type B), 6.1 (Packing Group I), 6.2, and 7.
  - A total quantity greater than or equal to 450 kg for products classified as: Class 1.4, 1.5, 1.6, 2.1, 3, 4.1, 4.2 (Packing Group I or II), 5.1 (Packing Group I or II) and 8 (Packing Group I or II).

Then a report via telephone must be made to:

- **CANUTEC's** emergency number.
- A **Natural Resources Canada** Inspector in the case of dangerous goods classified as: Class 1.1, 1.2, 1.3, 1.4, 1.5 and 1.6 and within the quantities listed above.

**BRITISH COLUMBIA REPORTING REQUIREMENTS**

**Transport Canada / Transportation of Dangerous Goods (TDG)– Reporting Requirements – Cont'd.**

- The **Canadian Nuclear Safety Commission** in the case of dangerous goods included in Class 7 Radioactive Materials.

*If the lost or stolen dangerous goods have been found, the agencies listed above must be notified.*

*Note: Information to be included in the report(s) is as per Section 8.17 or 8.19 of the TDG Regulations.*

Source(s):

Transportation of Dangerous Goods Regulations, SOR/2001-286.



**2.15 TABLE 1 - TRANSPORTATION OF DANGEROUS GOODS (TDG) REPORTING REQUIREMENTS**

| CLASSIFICATION                                                                          |                                                                                                                                            | REPORTING REQUIREMENTS                                                                                                                                                                             |          |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Class                                                                                   | Description                                                                                                                                | Packing Group or Category                                                                                                                                                                          | Quantity |
| <b>1</b>                                                                                | <b>Explosives</b>                                         | II ----- Any quantity                                                                                                                                                                              |          |
|  1.1   | Mass Explosion Hazard                                                                                                                      |                                                                                                                                                                                                    |          |
|  1.2   | Projection Hazard but not a mass explosion hazard                                                                                          |                                                                                                                                                                                                    |          |
|  1.3   | Fire hazard and either a minor blast hazard or a minor projection hazard or both but not a mass explosion hazard                           |                                                                                                                                                                                                    |          |
|  1.4   | No significant hazard beyond the package in the event of ignition or initiation during transport                                           |                                                                                                                                                                                                    |          |
|  1.5   | Very insensitive substances with a mass explosion hazard                                                                                   |                                                                                                                                                                                                    |          |
|  1.6   | Extremely insensitive articles with no mass explosion hazard                                                                               |                                                                                                                                                                                                    |          |
| <b>2</b>                                                                                | <b>Gases</b>                                              | Not applicable ----- Any quantity                                                                                                                                                                  |          |
|  2.1   | Flammable Gases                                                                                                                            |                                                                                                                                                                                                    |          |
|  2.2   | Non-flammable / Non-toxic Gases                                                                                                            |                                                                                                                                                                                                    |          |
|  2.3   | Toxic Gases                                                                                                                                |                                                                                                                                                                                                    |          |
| <b>3</b>                                                                                | <b>Flammable Liquids</b>                                 | I or II ----- Any quantity<br>III, or without packing group ----- 30 L or 30 kg                                                                                                                    |          |
| <b>4</b>                                                                                | <b>Flammable Solids</b>                                 | I or II ----- Any quantity<br>III, or without packing group ----- 30 L or 30 kg                                                                                                                    |          |
|  4.1 | Readily Combustible                                                                                                                        |                                                                                                                                                                                                    |          |
|  4.2 | Liable to Spontaneous Combustion                                                                                                           |                                                                                                                                                                                                    |          |
|  4.3 | Water-reactive                                                                                                                             |                                                                                                                                                                                                    |          |
| <b>5</b>                                                                                | <b>Oxidizing Substances &amp; Organic Peroxides</b>     | I or II ----- Any quantity<br>III, or without packing group ----- 30 L or 30 kg                                                                                                                    |          |
|  5.1 | Oxidizing Substances                                                                                                                       |                                                                                                                                                                                                    |          |
|  5.2 | Organic Peroxides                                                                                                                          |                                                                                                                                                                                                    |          |
| <b>6</b>                                                                                | <b>Toxic and Infectious Substances</b>                                                                                                     |                                                                                                                                                                                                    |          |
|  6.1 | Toxic Substances                                                                                                                           | I or II ----- Any quantity<br>III, or without packing group ----- 30 L or 30 kg                                                                                                                    |          |
|  6.2 | Infectious Substances                                                                                                                      | A or B ----- Any quantity                                                                                                                                                                          |          |
| <b>7</b>                                                                                | <b>Radioactive Materials</b>                            | Packing Group / Category - Not applicable<br>A level of ionizing radiation greater than the level established in section 39 of the Packaging and Transport of Nuclear Substances Regulations, 2015 |          |
| <b>8</b>                                                                                | <b>Corrosives</b>                                       | I or II ----- Any quantity<br>III, or without packing group ----- 30 L or 30 kg                                                                                                                    |          |
| <b>9</b>                                                                                | <b>Miscellaneous Products, Substances or Organisms</b>  | II or III, or without ----- 30 L or 30 kg packing group                                                                                                                                            |          |

Source: Transportation of Dangerous Goods Regulations SOR/2001-286 (Current to May 14, 2024)

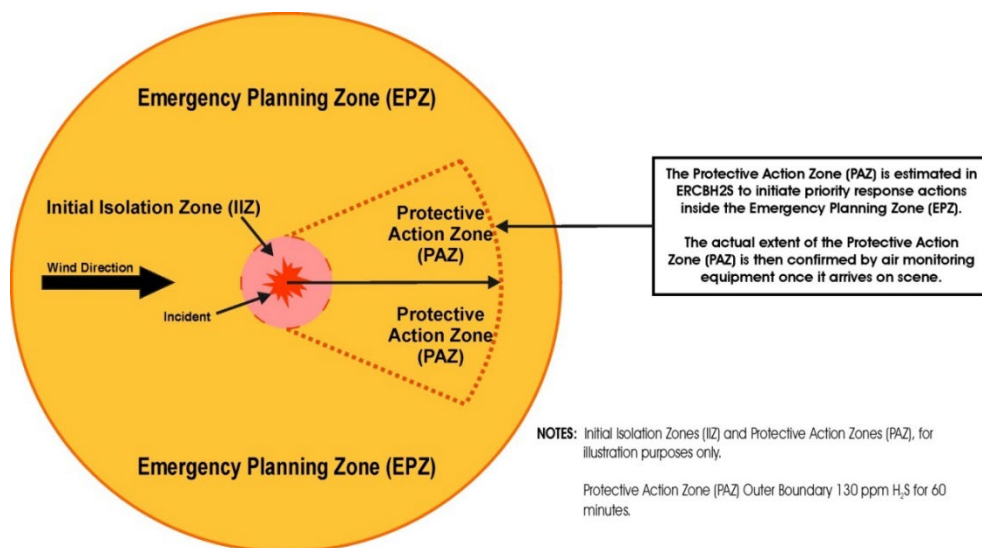
Note: For a complete list of substances within each class refer to Schedule 1 of the Transportation of Dangerous Goods Regulations SOR/2001-286 (Current to May 14, 2024).



## ERP ACTIVATION / PUBLIC PROTECTION MEASURES

The Hazard Response Zone (HRZ) in BC and/or Emergency Planning Zone (EPZ) in AB are where resources are focused during an incident to protect the public and life safety. Response/planning zones have been calculated, where applicable, utilizing Harvest technical data for its assets. Calculated zones for specific wells, pipelines and facilities are listed in site specific ERP supplements maintained by Harvest. Assets that do not have pre-calculated response zones will have a hazard area identified by the Incident Commander based on the parameters of the incident to assist with the deployment of response equipment and personnel to meet established response objectives. Harvest is also aware it may have to work within response zones established by outside agencies based on the type of incident. For example, policing services establishing a response zone to manage a bomb threat.

### 2.16 ALBERTA – PLANNING AND RESPONSE ZONES



#### Initial Isolation Zone (IIZ)

The Initial Isolation Zone (IIZ) defines an area in close proximity to a continuous hazardous release where Shelter-In-Place may provide temporary protection due to the proximity of the release.

If safe to do so, during an emergency, Harvest must attempt to evacuate the public from the IIZ.

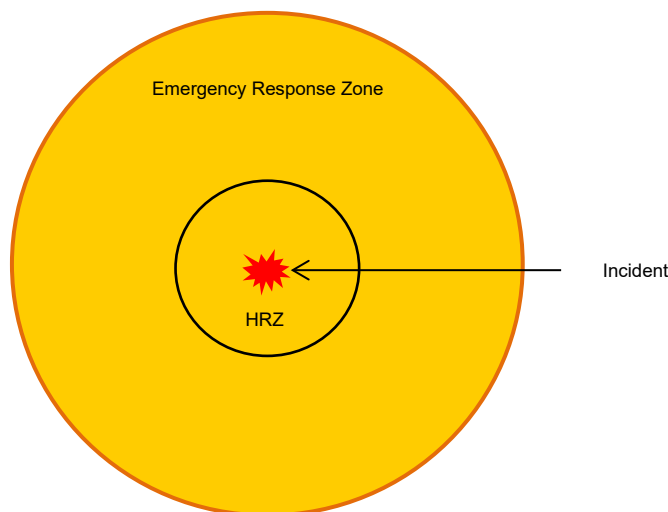
#### Protective Action Zone (PAZ)

The Protective Action Zone (PAZ) defines an area downwind of a hazardous release where outdoor pollutant concentrations may result in life-threatening or serious and possibly irreversible health effects on the public. Immediately following a release of H<sub>2</sub>S or HVP product, the approximate size and direction of the PAZ can be determined using actual conditions at the time.

#### Emergency Planning Zone (EPZ)

An Emergency Planning Zone (EPZ) is a geographical area surrounding a well, pipeline, or facility containing hazardous product that requires specific emergency response planning by Harvest.

## 2.17 BRITISH COLUMBIA – PLANNING AND RESPONSE ZONES



### **Emergency Planning Zone (EPZ)**

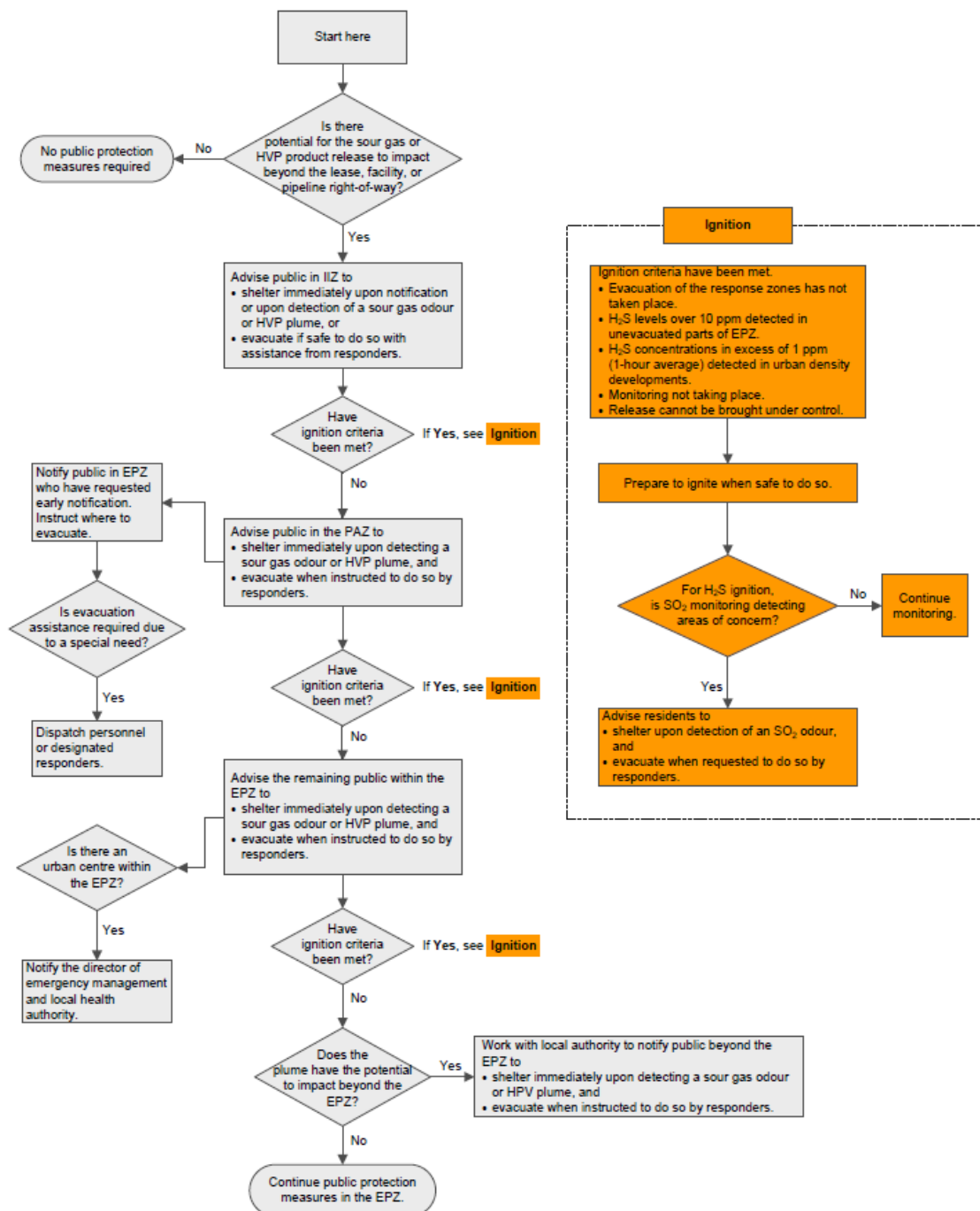
A predetermined geographical area surrounding a well, pipeline, or facility containing hazardous product that requires specific emergency response planning.

### **Hazard Response Zone (HRZ)**

A geographical area within which an emergency has occurred or is about to occur, and which has been identified, defined and designated to receive emergency response actions.

## 2.18 PUBLIC PROTECTION MEASURES FOR PLANNING AND RESPONSE ZONES

The AER has developed a Public Protection Measures for Planning and Response Zones decision tree so Harvest can determine the appropriate public protection measures required during an alert or any level of emergency for the planning and the response zones. Harvest will adhere to the following AER Public Protection Measures for Planning and Response Zones decision tree (Figure 2, AER Directive 71, February 2023):



It is Harvest's responsibility to initiate public protection measures inside the Emergency Planning Zone (EPZ) in AB and/or Hazard Response Zone (HRZ) in BC for any incident involving a release of sour gas ( $H_2S$ ) or High Vapour Pressure (HVP) product if there is potential for the release to impact members of the public. This could also include Sulfur Dioxide  $SO_2$  if the  $H_2S$  gas has been ignited.

Public protection may include:

- Sheltering-in-place
- Evacuation of the response zone
- Ignition of released  $H_2S$  product to atmosphere
- Mobilizing air quality monitoring units to ensure air quality and to track any gas plume; including  $SO_2$  if the sour gas release was ignited
- Isolation of the hazardous area by initiating roadblocks at the perimeter of the IIZ and/or EPZ

The type (Shelter-in-place, Evacuation and/or Ignition) of public protection measure employed depends on the type and severity of the incident and/or on the monitored results in unevacuated areas. Harvest is responsible for ensuring that appropriate emergency response procedures are in place and can be implemented, including for areas of potential impact beyond the EPZ. There could be occurrences when more than one, or even all, methods of public protection are implemented during an emergency.

Once the appropriate public protection measures have been determined and approved by the Incident Commander, messaging of those measures may take a number of forms based on the incidents projected behaviour, number of public impacted, geographic area impacted etc. Information to be disseminated to the public as per provincial regulations are listed below in this section under Public Communication.

When safe to do so, evacuation should be the primary goal to ensure public protection and take place before a release of  $H_2S$  gas or HVP product has the potential to affect people in proximity to the release or as soon as possible to avoid any exposure to the hazard.  $H_2S$  evacuation criteria is listed below. If evacuation is not possible, then Shelter-In-Place can be used to protect members of the public under certain conditions.

Surface Developments where Harvest maintains contact information within one of its site specific ERP supplements, will be notified of the emergency and provided all necessary information and requested public protection measures. If Shelter-in-place is the advised public protection measure refer to Shelter-in-place and shelter-in-place instructions below for further details to be communicated to applicable surface developments. If evacuation is advised, a Reception Centre may be established and evacuees will be provided with the location details and the appropriate route to take to the location so that potential exposure to a released product is avoided. If the evacuee chooses not to go to the designated reception centre, Harvest will request the evacuee provide an emergency contact number at the location beyond the EPZ they have decided to evacuate to.

Surface Developments occupants will be asked if they require evacuation assistance. If required, Harvest will deploy personnel and vehicles to provide assistance and/or transportation. In situations where large numbers of people are required to be evacuated and are without transportation (ie. Schools, community centres, seniors' homes etc.), Harvest will source buses by contacting School Bus Authorities and/or third party busing companies.

For surface developments where contact information is not maintained by Harvest or to identify transient activity in the area, Harvest will deploy Rovers to sweep the emergency planning zone. Upon discovery of members of the public, Rovers will deliver the appropriate public protection messaging and provide evacuation assistance as required. For large geographic response areas, or in areas where vehicular travel is limited or impossible, a helicopter equipped with a loud hailer may be sourced to deliver the approved public protection messaging.

Depending on the volume, size, duration or meteorological conditions, Shelter-In-Place may not be a viable public protection measure close to the H<sub>2</sub>S release site (inside the IIZ). In such a situation, the public safety aspects of Shelter-In-Place will have to be continuously re-evaluated during the incident and assisted evacuation may be necessary to protect public safety.

| Alberta - Surface Development / Transient Public Protection Notifications                                                                         |     |                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                   |     | Shelter                                                                                                                                                                                                                                                                |  | Evacuation                                                                                                                                                                                                                                                                                |
| Alert                                                                                                                                             | IIZ | n/a                                                                                                                                                                                                                                                                    |  | n/a                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | PAZ | n/a                                                                                                                                                                                                                                                                    |  | n/a                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                   | EPZ | n/a                                                                                                                                                                                                                                                                    |  | n/a                                                                                                                                                                                                                                                                                       |
| Level 1 Incident                                                                                                                                  | IIZ | <ul style="list-style-type: none"> <li>Sheltering may not be a viable option within the IIZ, all attempts should be made to evacuate Surface Developments within the IIZ if safe to do so</li> </ul>                                                                   |  | <ul style="list-style-type: none"> <li>Surface Development occupants, transients, and other members of the public within the IIZ</li> </ul>                                                                                                                                               |
|                                                                                                                                                   | PAZ | <ul style="list-style-type: none"> <li>Surface Developments within the PAZ</li> </ul>                                                                                                                                                                                  |  | <ul style="list-style-type: none"> <li>Voluntary Evacuation Notification is offered to Surface Development occupants, transients, other members of the public within the PAZ, if situation dictates evacuation is safe</li> </ul>                                                         |
|                                                                                                                                                   | EPZ | ---                                                                                                                                                                                                                                                                    |  | <ul style="list-style-type: none"> <li>Voluntary Evacuation Notification is offered to Surface Development occupants identified as Special Needs within the EPZ beyond the IIZ and PAZ</li> </ul>                                                                                         |
| Level 2 Incident                                                                                                                                  | IIZ | <ul style="list-style-type: none"> <li>Sheltering may not be a viable option within the IIZ, all attempts should be made to evacuate Surface Developments within the IIZ if safe to do so</li> </ul>                                                                   |  | <ul style="list-style-type: none"> <li>Surface Development occupants, transients, and other members of the public within the IIZ</li> </ul>                                                                                                                                               |
|                                                                                                                                                   | PAZ | <ul style="list-style-type: none"> <li>Surface Developments within the PAZ if sheltering in place is deemed appropriate. Note, evacuation is the primary protection measure within the PAZ at a Level 2 if people can be safely removed from the area</li> </ul>       |  | <ul style="list-style-type: none"> <li>Surface Development occupants, transients, other members of the public within the PAZ, starting with those closest to the incident and working in an outwards direction</li> </ul>                                                                 |
|                                                                                                                                                   | EPZ | <ul style="list-style-type: none"> <li>Surface Developments within the EPZ beyond the IIZ and PAZ</li> </ul>                                                                                                                                                           |  | Once the IIZ and PAZ have been evacuated: <ul style="list-style-type: none"> <li>Surface Developments within the EPZ to those identified as Special Needs as priority</li> <li>Remaining Surface Development occupants, transients, other members of the public within the EPZ</li> </ul> |
| Level 3 Incident                                                                                                                                  | IIZ | <ul style="list-style-type: none"> <li>Sheltering may not be a viable option within the IIZ, all attempts should be made to evacuate Surface Developments within the IIZ if safe to do so</li> </ul>                                                                   |  | <ul style="list-style-type: none"> <li>Surface Development occupants, transients, and other members of the public within the IIZ</li> </ul>                                                                                                                                               |
|                                                                                                                                                   | PAZ | <ul style="list-style-type: none"> <li>Surface Developments within the PAZ if sheltering in place is deemed appropriate. Note, evacuation is the primary protection measure within the PAZ at a Level 2 and 3 if people can be safely removed from the area</li> </ul> |  | <ul style="list-style-type: none"> <li>Surface Development occupants, transients, other members of the public within the PAZ, starting with those closest to the incident and working in an outwards direction</li> </ul>                                                                 |
|                                                                                                                                                   | EPZ | <ul style="list-style-type: none"> <li>Surface Developments within the EPZ if sheltering in place is deemed appropriate. Note, evacuation is the primary protection measure within the PAZ at a Level 3 if people can be safely removed from the area</li> </ul>       |  | <ul style="list-style-type: none"> <li>Surface Development occupants, transients, other members of the public within the EPZ</li> </ul>                                                                                                                                                   |
| <ul style="list-style-type: none"> <li>Harvest will initiate the release if any of the ignition criteria have been met (see Section 5)</li> </ul> |     |                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                           |

- Note:
- Shelter-in-place and evacuation guidelines listed in the chart above are minimum requirements dictated by the provincial regulator. Harvest may choose to exceed these guidelines based on weather conditions, well control factors or other mitigating factors.
  - Shelter-In-Place (H<sub>2</sub>S and HVP) and H<sub>2</sub>S & SO<sub>2</sub> Evacuation Criteria listed below should be utilized by the Incident Commander and IMT to make decisions on whether or not to declare sheltering or evacuation as the appropriate public protection measure.

**Shelter-In-Place (H<sub>2</sub>S and HVP)**

Shelter-In-Place is the practice of going or remaining indoors during an outdoor release of a hazardous substance. The aim is to keep the public safe. Shelter-In-Place has been demonstrated to be the most effective public protection measure during the first few hours of a substance release where the public would be at higher risk outdoors. With Sheltering-In-Place the public places a barrier between themselves and the more hazardous substance outside. This barrier consists of both the actual structure and the fresh air within it. Effective Sheltering-In-Place actions are based on using a building that is built and maintained for typical Canadian winter weather conditions.

The goal of Shelter-In-Place is to reduce the transfer of air into and out of the building until either the hazard has passed or other emergency actions can be taken when appropriate. When communicating Shelter-In-Place messaging, the Shelter-In-Place Instructions should be provided to the surface development occupants in question.

There are various incidents, both man-made and natural that may result in the release of a hazardous substance. Such events include:

- Fire
- Motor vehicle accident
- Train derailment
- Industrial incident
- Natural disaster

Shelter-In-Place is a viable public protection measure in circumstances when any one of the following conditions is met:

- There is insufficient time or warning to safely evacuate the public who may be at risk.
- Residents/public are waiting for evacuation assistance.
- The release will be of limited size and/or duration.
- The location of a release has not been identified.
- The buildings are considered to be within or near to toxic or explosive gas plumes.
- Escape routes traverse the hazard.
- The public would be at higher risk if evacuated.

Harvest will maximize the safety of Sheltered-In-Place public by:

- Initiating ignition if criteria are met.
- Containing the release.
- Initiating evacuation if conditions are determined safe.

Residents, businesses and public facilities are usually telephoned and advised to Shelter-In-Place. It is very important to reassure Sheltered public that they have not been forgotten and that Sheltering is their safest action. Those who have been advised to Shelter-In-Place will be notified if additional measures are required, and when it is "all-clear".



**Shelter-In-Place Instructions**

- Immediately gather everyone indoors and stay there
- Close and lock all windows and outside doors
- Extinguish indoor wood burning fires
  - If possible, close flue dampers
- Turn off appliances or equipment that either:
  - Blows out or uses indoor air, such as:
    - ❖ Bathroom and kitchen exhaust fans
    - ❖ Built-in vacuum systems
    - ❖ Clothes dryers
    - ❖ Gas / wood fireplaces
    - ❖ Gas / wood stoves
  - Sucks in outside air, such as:
    - ❖ Heating ventilation and air conditioning (HVAC) systems for apartments, commercial or public facilities
    - ❖ Fans for heat recovery ventilators or energy recovery ventilators (HRV/ERV)
- Turn down thermostats to the minimum setting and turn off air conditioners
- Leave open all inside doors to allow for the exchange of internal air in the building
- Avoid using the telephone, except for emergencies, so that you can be contacted by emergency response personnel
  - Call Harvest's 24-hour emergency numbers listed on the front page of this handout:
    - ❖ If you experience symptoms or smell odours (so that we can address your concerns and adjust our response priorities)
    - ❖ If you have contacted fire, police or ambulance (so that response actions can be coordinated)
- Stay tuned to local radio and television for possible information updates
- Do not leave the building until told to do so, even if you see people outside
- If you are unable to follow these instructions, please notify Harvest emergency response personnel
- After the hazardous substance has passed through the area, you will receive an "all-clear" message from the company emergency response personnel. You may also receive, if required, instructions to:
  - Ventilate your building by opening all windows and doors, turning on fans and turning up thermostats. During this time, the air outside may be fresher and you may choose to leave your building while the building is being ventilated

**Once the building is completely ventilated, return all equipment to normal settings and operation.**



### **H<sub>2</sub>S & SO<sub>2</sub> Evacuation Criteria**

Evacuation is the primary public protection measure during, or prior to, a release of sour gas if the public can be safely removed from the area.

Criteria to initiate evacuation procedures:

- Level of Emergency (Level 2 or 3 Emergency)
- If conditions at the incident site are likely to escalate and impact public safety
- Identified Special Needs of surface development occupants
- Levels of H<sub>2</sub>S or SO<sub>2</sub> meet the Notification & Evacuation Guidelines listed in the table below

Evacuation begins close to the incident site (IIZ in Alberta) and expands outward in a downwind direction (PAZ in Alberta) of the release so that members of the public are not exposed to H<sub>2</sub>S. Harvest must continuously assess and act on the need to expand the evacuation area based on the monitored levels of H<sub>2</sub>S, wind conditions, and as dictated by the specifics of the incident itself. In the absence of the ability to take monitored readings, responders should advise the public to Shelter-In-Place.

| <b>Alberta Notification &amp; Evacuation Guidelines</b>                                                                                                                                                                                                                                                                                               |                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>H<sub>2</sub>S Concentrations in Unevacuated Areas</b>                                                                                                                                                                                                                                                                                             | <b>Requirement</b>                                                                                              |
| 1 to 10 ppm<br>(3-minute average)                                                                                                                                                                                                                                                                                                                     | Notify persons who requested notification so they may voluntarily evacuate before exposure to H <sub>2</sub> S. |
| Above 10 ppm★<br>(3-minute average)                                                                                                                                                                                                                                                                                                                   | Assess local conditions and notify all persons to evacuate or shelter in place.                                 |
| <b>NOTE: ★If monitored levels over the 3-minute interval are declining (i.e., three readings show a decline from 15 ppm to 10 ppm to 8 ppm over 3 minutes), evacuation may not be necessary even though the average over the 3 minute interval would be 11 ppm. Duty Holders should use proper judgment in determining if evacuation is required.</b> |                                                                                                                 |
| <b>SO<sub>2</sub> Concentrations in Unevacuated Areas</b>                                                                                                                                                                                                                                                                                             | <b>Requirement</b>                                                                                              |
| 5 ppm (15-minute average)<br>1 ppm (3-hour average)<br>0.3 ppm (24-hour average)                                                                                                                                                                                                                                                                      | Notify all persons to evacuate immediately.                                                                     |

| <b>British Columbia Notification &amp; Evacuation Guidelines</b>                                                                                                                                                                          |                                                                                                                                                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>H<sub>2</sub>S Concentrations in Unevacuated Areas</b>                                                                                                                                                                                 | <b>Requirement</b>                                                                                                                                                                     |
| 1 to 9 ppm<br>(3-minute average)                                                                                                                                                                                                          | Individuals must be informed about the concentrations and advised to leave. All other individuals should consider leaving the area and seek medical advice if health symptoms develop. |
| 10 ppm or greater                                                                                                                                                                                                                         | Immediate evacuation of the area must take place or the release must be ignited.                                                                                                       |
| <b>NOTE: H<sub>2</sub>S Evacuation Level - when downwind monitoring at the nearest unevacuated downwind residence, outside the HRZ, indicates a level of 10 ppm or greater, evacuation procedures will be initiated if safe to do so.</b> |                                                                                                                                                                                        |

| British Columbia Notification & Evacuation Guidelines  |                                      |
|--------------------------------------------------------|--------------------------------------|
| SO <sub>2</sub> Concentrations<br>in Unevacuated Areas | Requirement                          |
| 1 ppm                                                  | Voluntary                            |
| 2 ppm                                                  | Evacuation of the area should begin. |
| 5 ppm                                                  | Mandatory evacuation of the area.    |

Harvest can advise the public to evacuate; however, the local authority, Provincial Health Services and/or Provincial Regulator has to declare a state of local emergency (Fire Hazard Closure Order in Alberta or Closure Order in British Columbia) before mandatory evacuation can occur. It is a regulatory requirement for Harvest to advise the public to evacuate if the need arises.

Typically, the public inside the EPZ but outside of the PAZ will be contacted and advised to Shelter-In-Place pending further instructions from Harvest and/or the local authority, depending on existing arrangements. Individuals within the EPZ (beyond the PAZ) that have requested early notification and wish to voluntarily evacuate must be notified and offered voluntary evacuation notification.

A shift in wind direction will require immediate re-evaluation of the PAZ and the need for additional evacuation and/or Shelter-In-Place; immediate ignition of the well may be required if ignition criteria are met. If the sour gas release has been ignited, Harvest should continue to monitor response zones for H<sub>2</sub>S from incomplete combustion, as well as SO<sub>2</sub>.

### **Public Protection Measures for HVP Product**

Shelter-In-Place is one form of public protection measure for an HVP product release. Evacuation of the public should only proceed when it is safe to do so and after an assessment of:

- The size and expected duration of the release.
- Egress routes.
- Current and expected meteorological conditions.
- The potential for unexpected ignition.

For HVP product releases, the IIZ and PAZ define a region adjacent to a release where plume concentrations may fall within the upper explosive limit (UEL) and lower explosive limit (LEL) and where the public may be directly exposed to the flame if the plume is ignited. For large failure events, this area reaches its maximum extent shortly after initiation of a failure and then declines. Inadvertent actions within this region may lead to ignition; thus, Shelter-In-Place is recommended until the position of the plume can be assessed and evacuation can take place safely.

Evacuation is recommended for cases in which the plume is visible and egress can occur in any direction away from the plume. A decision to evacuate should be made by qualified individuals with access to explosive limit monitors.

**Public Protection Measures Beyond the Emergency Planning Zone (EPZ)**

In the unlikely event that public protection measures are required beyond the EPZ/HRZ they will take place in accordance with Harvest's arrangement, and in co-operation, with the local authority and/or provincial health authority. The EPZ/HRZ will be expanded in the direction of the Hazard based on downwind air monitoring that indicates H<sub>2</sub>S or SO<sub>2</sub> concentrations are approaching evacuation guidelines (see H<sub>2</sub>S & SO<sub>2</sub> evacuation criteria listed above); Lower Explosive Limit (LEL) monitoring indicates gas within an explosive range; visual sighting of the extent of the released hazard; and environmental monitoring identification of the hazard. Environmental monitoring crews will report to Public Protection Branch Director or Operations Section Chief who will direct public protection and assign response personnel to initiate appropriate evacuation measures in coordination with the local authority.

In Alberta the Energy Resources Industry Emergency Support Plan will also be activated by the government for a Level Two Emergency and Level Three Emergency to provide support to the incident response. Notification mechanisms as outlined in the Municipal Emergency Plan response framework may be used by the local authority to notify residents if public protection measures are required outside the EPZ. The notification mechanisms will be based on monitored air quality and other situations that might arise during the emergency. Evacuation of the area outside the EPZ is coordinated through this emergency response plan and the response framework in the local authority's Municipal Emergency Plan. Provincial Health Services also have a role in evacuation (in Alberta AHS in accordance with the Alberta Public Health Act, Section 52.2).

**Ignition**

Ignition is the planned burning of a release as a method to protect the public and/or environment from a hazard. If any of the ignition criteria is met (see Ignition Section 5 of this ERP), Harvest will ignite the release. Harvest will also evacuate public whose health and safety could be affected by a flaring or other type of burning emergency.

**Air Quality Monitoring**

It is Harvest's responsibility to initiate public protection measures inside the EPZ / HRZ for any incident involving a release of product if there is potential for the release to impact members of the public. Air monitoring is a process by which Harvest tests air quality for concentrations of H<sub>2</sub>S, SO<sub>2</sub>, O<sub>2</sub> and LEL in an effort to determine actual and potential impacts to life safety (responders and public).

Apart from evacuation and shelter-in-place, public protection may include:

- Mobilizing air quality monitoring equipment to:
  - ensure air quality in evacuation areas
  - track any gas plume; including SO<sub>2</sub> if a sour gas release is ignited
  - determine if ignition concentration criteria are met
  - determine if evacuation or sheltering criteria have been met
  - assist with determining safe roadblock locations
  - assist in determining if planned evacuation routes are safe
  - assist in determining when the emergency status can be downgraded

Air monitoring will be deployed at any level of emergency in a gas to atmosphere incident. Initial monitoring will be conducted by Harvest personnel using hand-held monitors which are readily available at Harvest sites and easy to deploy. Hand-held monitors will be used to monitor for each responder at the incident site and will provide information used to establish

safety protocols (ie. Appropriate PPE required, accepted OHS exposure limits and time allowed to perform work duties, etc.). A hand-held monitor will also be deployed downwind to the nearest un-evacuated surface development and/or area where large numbers of people may gather. The data collected will be used to determine if evacuation or ignition criteria have been met. As soon as possible, an environmental monitoring company (see Support Services in the Telephone Directory Section of applicable site specific ERPs for potential companies) should be procured to supply more sophisticated monitoring units, such as stationary or mobile air quality monitors, to replace hand-held monitors at surface development or public locations. Stationary and mobile air monitoring units measure gas at much smaller quantities than hand-held monitors and allow for more detailed planning and establishment of public protection measures.

Additional air monitoring units will be deployed based on site-specific information including:

- access and egress points
- population density and proximity to urban density developments
- location conditions

Mobile air quality monitoring units (units that have the ability to measure in parts per billion - ppb) are deployed to locate and track plume direction and identify the highest concentrations of H<sub>2</sub>S, SO<sub>2</sub> (if ignition has occurred) O<sub>2</sub> and/or LEL. If the established EPZ / HRZ includes all or a portion of an urban density development, a minimum of two mobile air quality units are required to be dispatched. The first unit will be used to monitor the boundary of the urban density development (multiple urban density developments within the EPZ / HRZ will require multiple mobile air quality monitoring units); the second mobile monitoring unit will track the plume.

For drilling, completion, testing and workover operations on **critical sour** wells (special sour wells in British Columbia), Harvest will:

- dispatch a mobile air quality monitor if it is evident that well control measures are deteriorating and that a sour gas release is likely to occur
- prior to entering the sour zone during operations, determine where the monitoring equipment is located and what the estimated travel time is to the wellsite

If the wellsite is classified as **proximity critical** additional measures would include:

- ensure that one mobile monitor unit is in the area during operations within potentially critical sour zones
- dispatch a second mobile air quality monitor if it is evident that well control measures are deteriorating and that a sour gas release is likely to occur

Harvest will provide monitored results on a regular basis throughout the emergency to the provincial regulator, provincial environment agency, provincial health authority, local authority and upon request to members of the public.

### **Other Environmental Monitoring**

In emergency events that don't involve the release of gases, different types of environmental monitoring may be used to assist with the establishment of public / responder safety protocols; planning of tactical response duties; etc. Examples of other environmental monitoring include:

- Spill event – ground and/or water monitoring to detect contaminants and the extent of there reach
- Wildfire – detection of particulate matter to establish response zones, determine required PPE, determine the need to evacuate the area
- Wildlife – determining the presence of wildlife and applicable protection measures required based on the type of incident

### Isolation of EPZ / HRZ / Roadblocks

In the event of an emergency, the Incident Commander would identify the size of the emergency planning zone(s) based on the incident, surrounding conditions and/or on the well and pipeline tables in the Facility Data section of any applicable site specific ERP.

Roadblock locations will be determined when an emergency is detected, the situation is understood and the hazards are identified. Roadblocks will be used to keep members of the public away from the hazardous area.

### Public Communication

The Incident Commander is responsible to ensure members of the public are contacted regarding an emergency that Harvest is experiencing; this role may be delegated to the Public Protection Branch Director - see Section 4.11, Roles and Responsibilities of Public Protection Branch Director. Information for members of the public as per the AER's Directive 71 Appendix 5 is outlined below:

#### **Information Distributed to the Public at the Onset and During an Incident**

| To persons evacuated or sheltered at the onset of the incident:                                                                                                                                                                                                                                                                                                                        | To persons evacuated or sheltered during the incident                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• type and status of the incident</li> <li>• location and proximity of the incident to people in the vicinity</li> <li>• public protection measures to follow, evacuation instructions, and any other emergency response measures to consider</li> <li>• actions being taken to respond to the situation, including anticipated time</li> </ul> | <ul style="list-style-type: none"> <li>• description of the products involved and their short-term and long-term effects</li> <li>• effects the incident may have on people in the vicinity</li> <li>• areas impacted by the incident</li> <li>• actions the affected public should take if they experience adverse effects</li> </ul> |
| To the public during the incident                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>• type and status of the incident</li> <li>• location of the incident</li> <li>• areas affected by the incident</li> <li>• description of the products involved</li> </ul>                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• contacts for additional information</li> <li>• actions being taken to respond to the situation, including anticipated time</li> </ul>                                                                                                                                                         |

### Response Area Rovering

After the establishment of the emergency planning zone / hazard area, Rovering personnel will be assigned to travel within the response zone identifying any transient activity and providing those transients with the appropriate public protection messaging. Rovers will also be responsible for ensuring all members of the public have evacuated the area once evacuation has been determined to be the most effective public protection measure. Confirmation of evacuation of surface developments that were successfully contacted by telephone is also required.

### Reception Centre

Once evacuation messaging has been provided to surface development occupants, or transients, within the identified response zone, a Reception Centre will be activated to receive evacuees. The location of the Reception Centre will be determined once the response zone is known to ensure the location is outside of the hazard area. In operating areas that have a site specific ERP, potential reception centres have been identified in those plans. Local Authorities also have pre-determined reception centres and may be able to assist in identifying an appropriate location as well as assist in the establishment of the centre, if requested.

The Reception Centre Group Supervisor will be responsible for gaining access to the identified Reception Centre; activating the location to receive evacuees; greeting evacuees as they arrive; registering evacuees to maintain an overall accounting of who has successfully evacuated the response zone; and addressing any immediate needs of evacuees. Although third party assistance may be sourced to assist with the establishment and operation of the Reception Centre, it is important that a Harvest representative be present at all times to ensure Harvest response processes and protocols are maintained and applicable response messaging to evacuees is communicated.

Forms PP 7 – Evacuee Registration Record and PP 8 Expense Claim Form are located in the Forms Section 8 of this ERP to assist Reception Centre Representative(s) in their assigned role. In situations that require evacuation for an extended period of time where arrangements for accommodation and food are required, the Reception Centre Representative(s) will assist in the identification and establishment of these needs. To ensure continued communication can be maintained, it is imperative that contact details for evacuees be obtained prior to them leaving the Reception Centre.

Informal communications between the Incident Management Team roles of Reception Centre representatives, Telephoners, Rovers and Roadblock personnel is encouraged to ensure evacuees are identified and have successfully evacuated the area. It is not uncommon for an evacuee to leave the response zone but not check-in at the Reception Centre but proceed to a location of their choosing. In this scenario, communications between the various public protection roles will be required to determine if the evacuee has left the area. Information collected by the Reception Centre Representatives should be provided to the Public Protection Branch Director on a frequent basis.

There may be situations where the number of evacuees is small and the Incident Commander chooses not to activate a Reception Centre if it can be determined that the evacuee(s) has somewhere to go of their own choosing and Harvest has the ability to contact them at that location to provide updates and/or further instructions.

### **Return of Evacuees**

The decision to allow evacuees to return to their homes or places of business will be made in consultation between Harvest, the applicable oil and gas regulator, the local authority and the provincial health authority. This consultation will occur once the emergency has been declared as over, or downgraded to a level where the return of public to the area is safe. Air monitoring at evacuated locations may be required before allowing evacuees to return.



## 2.19 PUBLIC PROTECTION MEASURES RESPONSE ACTION CHECKLIST AB/BC

The table below indicates actions that may be required to be carried out if an incident occurs.

| RESPONSE ACTION CHECKLIST                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ACTIONS                                                                       | CONSIDERATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Investigate Situation                                                         | Request back-up. Health and safety issues including driving to location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Situation size-up                                                             | Quick and preliminary assessment of: <ul style="list-style-type: none"> <li>• Nature of the emergency</li> <li>• What hazards are or may be present</li> <li>• What are the risks to responders and public</li> <li>• Do public need to be made aware or warned</li> <li>• Number and extent of any injuries</li> <li>• Has medical assistance been requested</li> <li>• How large is the area involved</li> <li>• Has the area been or need to be isolated</li> <li>• Wind speed and direction should be noted and documented</li> <li>• Is there an appropriate staging area</li> <li>• Resources available and resources required</li> <li>• Is there anything that could make the situation worse</li> <li>• Will the incident attract media attention</li> </ul> |
| Appropriate site actions                                                      | <ul style="list-style-type: none"> <li>• Consider Harvest's 7 emergency response steps (see Page 2-51)</li> <li>• Activate ERP as required</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ICS Roles and Responsibilities                                                | <ul style="list-style-type: none"> <li>• Establish command posts</li> <li>• Complete the Incident Action Plan (IAP) / ICS 201 Form for reactive phase of emg.</li> <li>• Resources available and required</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Determine size of: Emergency Planning Zone (EPZ) / Hazard Response Zone (HRZ) | Size of EPZ / HRZ is normally pre-determined and listed within the site specific ERP if applicable; but the type of hazard, responder(s) and public safety must be taken into account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Isolate EPZ / HRZ                                                             | <ul style="list-style-type: none"> <li>• Roadblocks</li> <li>• Rivers / Water bodies</li> <li>• Railways</li> <li>• Trails</li> <li>• Airstrips</li> <li>• NOTAM's</li> <li>• Closure orders</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Review entities within EPZ / HRZ                                              | <ul style="list-style-type: none"> <li>• Residents</li> <li>• Businesses</li> <li>• Schools</li> <li>• Public facilities</li> <li>• Recreational areas</li> <li>• Indigenous Communities (including traditional land use)</li> <li>• Roads</li> <li>• Railways</li> <li>• Watercourses</li> <li>• Land Lessees (Trappers, Grazing, Outfitters, Forest Management etc)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                      |
| Determine public safety method                                                | <ul style="list-style-type: none"> <li>• Public notifications (Telephone, Face-to-face, Loud hailer, etc.)</li> <li>• Evacuation</li> <li>• Sheltering</li> <li>• Ignition: ignition criteria and ignition equipment</li> <li>• Air quality monitoring; how long will it take for AQM to arrive?</li> <li>• Rovers and Roadblocks</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Determine level of Emergency                                                  | <ul style="list-style-type: none"> <li>• Establish the level using applicable provincial 'Incident Classification matrix'</li> <li>• Confirm the level with AER / BCER / CER</li> <li>• Communicate level to all ICS response personnel</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Source control/containment                                                    | <ul style="list-style-type: none"> <li>• Spill coop's</li> <li>• Contract clean-up companies</li> <li>• Depressurizing</li> <li>• Shut-in and isolate</li> <li>• Flaring</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Government agencies                                                           | See appendix 1 but always contact: <ul style="list-style-type: none"> <li>• Provincial a/o Federal Regulator</li> <li>• Local authority</li> <li>• Provincial Health Services</li> <li>• RCMP local police</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Media interaction                                                             | <ul style="list-style-type: none"> <li>• Determine immediate message for responders who are approached by media</li> <li>• Delegate the Information Officer</li> <li>• Inform media how to receive information</li> <li>• Prepare media statements in consultation with applicable regulator (AER/BCER/CER)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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## HEALTH EFFECTS

### 2.20 ALBERTA - ACUTE HEALTH EFFECTS OF EXPOSURE TO HYDROGEN SULPHIDE (H<sub>2</sub>S) AND SULPHUR DIOXIDE (SO<sub>2</sub>)

#### Hydrogen Sulphide (H<sub>2</sub>S) is:

- A naturally occurring gas found in geological formations and is also formed by natural decomposition of organic matter in absence of oxygen.
- Colourless, flammable (should it become ignited, it will be converted to Sulphur Dioxide) & extremely toxic.
- Heavier than air on its own and will tend to accumulate in low lying areas. When mixed with other gases, may be the same weight or lighter than air.
- H<sub>2</sub>S smells like rotten eggs at low concentrations. However, H<sub>2</sub>S rapidly impairs the sense of smell; therefore, smell should not be used as a detector of its presence.
- The impact of H<sub>2</sub>S on people is dependent on the concentration, length of exposure and current state of health. Potential health impacts are displayed in the table below.

| H <sub>2</sub> S in Air | Description of Potential Health Effects                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1 ppm</b>            | A noticeable odour that may be offensive to some individuals. People may temporarily experience mild symptoms of discomfort, including nausea, headache, and irritability due to the odour. Asthma symptoms may worsen.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>10-20 ppm</b>        | An obvious offensive odour. Temporary eye irritation may occur after a single exposure and last several hours. Symptoms include mild itchiness, dryness, increased blink reflex and slight watering. Some people may experience headaches, nausea and vomiting. Symptoms of asthma, bronchitis or other forms of chronic respiratory disease may worsen.                                                                                                                                                                                                                                                                                                                                     |
| <b>50 ppm</b>           | A strong, intense offensive odour that may irritate eyes and breathing passages. Eyes may be itchy, stinging, and red with increased blinking, tearing and tendency to rub eyes. Breathing passages could feel tingly or sting, with increased tendency to clear throat and cough. Symptoms of pre-existing respiratory disease may worsen. No permanent injury to eyes or breathing passages is expected unless exposure is prolonged. Odour-sensitive individuals may experience headaches, nausea, vomiting and diarrhea.                                                                                                                                                                 |
| <b>100 ppm</b>          | Initially there is a strong objectionable odour that lessens with prolonged exposure due to olfactory "fatigue." Eyes and breathing passages are often irritated within one hour of exposure. Eyes may be sore, stinging, burning, tearing, redness, swelling of eyelids, and possible blurred vision. Respiratory irritation may include sore throat, cough, soreness or stinging of breathing passages, and wheezing. The symptoms of asthma, bronchitis or other forms of chronic respiratory disease will worsen. Odour may cause headache, nausea, vomiting and diarrhea.                                                                                                               |
| <b>250 ppm</b>          | There may or may not be an odour present due to olfactory paralysis. Eyes and breathing passages will become irritated within minutes of exposure, and the irritation will worsen with longer exposure. The outer surface of the eyes and inner eyelids will be inflamed, red and sore. Eyes will begin watering and tearing immediately and vision may be blurred. Eyes may be permanently harmed if exposure is prolonged. Respiratory irritation will include sore throat, cough, difficulty breathing, soreness of chest, and wheezing. Asthma symptoms will worsen. People may experience "systemic" effects, including headache, nausea and vertigo depending on duration of exposure. |
| <b>500 ppm</b>          | No odour is present due to olfactory paralysis. Severe irritation and possible permanent injury to the eyes and breathing passages within 30 minutes of exposure. Lung and breathing passage damage may cause „chemical pneumonia“ following exposure if the exposure was prolonged. Systemic effects involving the central nervous system may occur within one hour of exposure and include headache, anxiety, dizziness, loss of coordination and slurred speech. People may lose consciousness or collapse suddenly, and die if exposure persists.                                                                                                                                        |
| <b>750 ppm</b>          | No odour is present due to olfactory paralysis. Central nervous system effects will be most obvious, and could include anxiety, confusion, headache, slurred speech, dizziness, stumbling, loss of coordination, and other signs of motor dysfunction. People may lose consciousness, collapse suddenly and possibly die, if exposure continues for more than a few minutes. Lung and breathing passage damage will likely cause „chemical pneumonia“ among survivors.                                                                                                                                                                                                                       |
| <b>1000 ppm</b>         | Immediate "knock-down" and loss of consciousness. Death within moments to minutes. Immediate medical attention needed if victim is to survive.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

*Adapted from: Technical Advisory Committee on Public Health and the Oil and Gas Industry, Environmental Public Health Manual for Oil and Gas Activities in Alberta, 2007.*

**Sulphur Dioxide (SO<sub>2</sub>) is:**

- SO<sub>2</sub> is a by-product resulting from the combustion of H<sub>2</sub>S.
- The heat of the combustion of H<sub>2</sub>S carries the SO<sub>2</sub> up into the atmosphere allowing it to disperse.
- SO<sub>2</sub> can be easily detected by its pungent odour similar to a burnt match.

| <b>Alberta - Acute Health Effects of Sulphur Dioxide (SO<sub>2</sub>)</b> |                                                                                                                                                                                                   |
|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SO<sub>2</sub> in Air</b>                                              | <b>Description of Potential Health Effects</b>                                                                                                                                                    |
| <b>0.1 ppm</b>                                                            | Transient bronchoconstriction <sup>1</sup> in sensitive exercising asthmatic individuals that ceases when exposure ceases. <sup>2</sup>                                                           |
| <b>0.3 – 1 ppm</b>                                                        | Possible detection by taste or smell.                                                                                                                                                             |
| <b>0.75 ppm</b>                                                           | Transient lung function changes in healthy, moderately exercising, non-asthmatic individuals.                                                                                                     |
| <b>1 – 2 ppm</b>                                                          | Lung function changes in healthy non-asthmatics. Symptoms in asthmatics would likely increase in severity. There may be a shift to clinical symptoms from changes detectable only via spirometry. |
| <b>3.0 ppm</b>                                                            | Easily detected odour.                                                                                                                                                                            |
| <b>6 – 12 ppm</b>                                                         | May cause nasal and throat irritation.                                                                                                                                                            |
| <b>10 ppm</b>                                                             | Upper respiratory irritation, some nosebleeds.                                                                                                                                                    |
| <b>20 ppm</b>                                                             | Definitely irritating to the eyes; chronic respiratory symptoms develop; respiratory protection is necessary.                                                                                     |
| <b>50 – 100 ppm</b>                                                       | Maximum tolerable exposures for 30 – 60 minutes.                                                                                                                                                  |
| <b>greater than 100 ppm</b>                                               | Immediate Danger to Life (NIOSH recommendation).                                                                                                                                                  |

<sup>1</sup> At low levels, bronchoconstriction was generally observed as changes in airway conductance detectable by spirometry rather than as clinical symptoms.

<sup>2</sup> It should be noted that clinical studies on humans are generally designed to elicit a response and consequently subject study volunteers to challenging conditions such as exercising, mouth breathing, cold, dry air, etc. Real-life responses in asthmatics should be viewed as being individual-specific dependent on severity of asthma, whether the individuals are medicated or not, how cold and/or dry the air is, mouth breathing (vs. nose-breathing, which can act as an effective scrubber mechanism), and exercise.

Adapted from: Technical Advisory Committee on Public Health and the Oil and Gas Industry, Environmental Public Health Manual for Oil and Gas Activities in Alberta, 2007

## **2.21 BRITISH COLUMBIA GENERAL HEALTH EFFECTS OF HYDROGEN SULPHIDE (H<sub>2</sub>S) AND SULPHUR DIOXIDE (SO<sub>2</sub>)**

### **Hydrogen Sulphide (H<sub>2</sub>S)**

| <b>British Columbia - Health Effects of Hydrogen Sulphide (H<sub>2</sub>S)<sup>1</sup></b> |                                                                                                                                                    |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Concentration (ppm)</b>                                                                 | <b>Effects</b>                                                                                                                                     |
| 0.01-0.3                                                                                   | Odour threshold                                                                                                                                    |
| 1-5                                                                                        | Moderate to strong offensive odour may create nausea, tearing of the eyes, headaches or loss of sleep upon prolonged exposure-effects are moderate |
| 10                                                                                         | Ceiling Limit (B.C. WCB)                                                                                                                           |
| 20-50                                                                                      | Slight eye and lung irritation-may cause eye damage after several days of exposure; may cause digestive upset and loss of appetite                 |
| 100                                                                                        | Eye and lung irritation                                                                                                                            |
| 150                                                                                        | Kills sense of smell; severe eye and lung irritation                                                                                               |
| 500                                                                                        | Serious damage to eyes within 30 minutes; severe lung irritation; unconsciousness and death within 4 to 8 hours                                    |
| 1000                                                                                       | Breathing stops within one or two breaths                                                                                                          |

*Adapted from: Canada Safety Council Data Sheet "Hydrogen Sulphide," No. B-3.*

*Alberta Provincial Board of Health "Guidelines for Action Regarding Hydrogen Sulphide."*

*National Research Council of Canada, "Hydrogen Sulfide in the Atmospheric Environment: Scientific Criteria for Addressing its Effects on Environmental Quality," publication #18467.*

### **Characteristics And Dangers Of H<sub>2</sub>S**

- Found in decaying organic matter, natural oil and gas, silos, sewers.
- Found as a gas at temperatures above -60°C.
- Colourless.
- Flammable - burns to form SO<sub>2</sub>.
- Odour of rotten eggs at low concentrations - kills all sense of smell at higher concentrations.
- Will tend to disperse more slowly in sheltered or calm or low lying areas.
- Extremely toxic.
- At lower concentrations (20-50 ppm) irritates mucous membranes (eyes, throat, lungs), causes headache, dizziness, nausea, may cause pulmonary edema (fluid in the lungs) upon prolonged exposure.
- High concentrations (500-1000 ppm) causes paralysis of the respiratory centre in the brain - breathing stops, suffocation occurs.
- This gas is dangerous because it kills the sense of smell very quickly and one is not aware of the level of concentration that is present.

## Sulphur Dioxide (SO<sub>2</sub>)

| British Columbia - Health Effects of Sulphur Dioxide (SO <sub>2</sub> ) <sup>1</sup> |                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Concentration (ppm)                                                                  | Effects                                                                                                                                                                                                      |
| 0.13                                                                                 | 24 hour evacuation level (MWLAP Level B criteria)                                                                                                                                                            |
| 0.34                                                                                 | One hour average evacuation level (MWLAP Level B criteria)                                                                                                                                                   |
| 2                                                                                    | Eight hour Occupational Exposure Limit (BC WCB)                                                                                                                                                              |
| 3-5                                                                                  | Odour Threshold                                                                                                                                                                                              |
| 5                                                                                    | 15 minute Occupational Exposure Limit (BC WCB)                                                                                                                                                               |
| 8-12                                                                                 | Throat irritation, coughing, constriction in chest, tearing and smarting of the eyes                                                                                                                         |
| 10-50                                                                                | Exposure 5-15 minutes: increased irritation of the eyes, nose, throat, choking, coughing, and in some cases, wheezing as a sign of narrowing of the airways (which increases the resistance of the air-flow) |
| 150                                                                                  | Short-term endurance lost due to severe eye irritation and because of the effects on the membranes of the nose, throat and lungs                                                                             |
| 500                                                                                  | Highly dangerous after an exposure of 30-60 minutes                                                                                                                                                          |
| 1000-2000                                                                            | May be fatal with continued exposure                                                                                                                                                                         |

Adapted from Canada Safety Council Data Sheet "Sulphur Dioxide," No. B-4.

### Characteristics And Health Affects Of SO<sub>2</sub>

- This is a choking gas, unlike H<sub>2</sub>S, and one wants to move to an area where the discomfort is not experienced.
- Formed by the combustion of H<sub>2</sub>S or sulphur and is non-flammable;
- Found as a gas at temperatures above -10°C;
- Has the odour that occurs when a wooden match is extinguished;
- Highly irritating - dissolves to form sulphuric acid;
- At lower concentrations irritates the eyes, nose and throat, causes difficulty in breathing and shortness of breath;
- Causes pulmonary edema at high concentrations - may be fatal; and
- Effects on heavy smokers are more severe.

## 2.22 THERMAL RADIATION (HEAT)

Impacts from heat sources, such as fire, will have varying degrees of physiological effects depending on the intensity of the heat and the time a person is exposed. If exposed to thermal radiation in an emergency situation, move away from the source as quickly as possible and seek medical advice as required. The following chart displays guidelines to thermal radiation exposure:

| Time for physiological effects (on bare skin) to occur following exposure to specific thermal radiation levels |                                |                                              |
|----------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------|
| Radiation Intensity (kW/m <sup>2</sup> )                                                                       | Time for Severe Pain (seconds) | Time for 2 <sup>nd</sup> Degree Burns (sec.) |
| 1                                                                                                              | 115                            | 663                                          |
| 2                                                                                                              | 45                             | 187                                          |
| 3                                                                                                              | 27                             | 92                                           |
| 4                                                                                                              | 18                             | 57                                           |
| 5                                                                                                              | 13                             | 40                                           |
| 6                                                                                                              | 11                             | 30                                           |
| 8                                                                                                              | 7                              | 20                                           |
| 10                                                                                                             | 5                              | 14                                           |
| 12                                                                                                             | 4                              | 11                                           |

Federal Emergency Management Agency, U.S. Department of Transportation, and U.S. Environmental Protection Agency. 1988. *Handbook of Chemical Hazard Analysis Procedures*. Washington, D.C.: Federal Emergency Management Agency Publications Office.

## **RESPONDER SAFETY**

### **2.23 SEVEN EMERGENCY RESPONSE STEPS (INITIAL)**

1. **EVACUATE** - Get away from the hazard and direct others to a safe area.
2. **ALARM** - Alert others to the danger and situation.
3. **CALL FOR HELP**- Emergency services; if you cannot contact your supervisor, contact the Incident Director by calling the Harvest 24 Hour Emergency Number at XXXXXXXXXXXX, and asking to be connected to the Incident Director On-Call.
4. **ASSESS** - Assess hazards: do not rush in and endanger yourself. Account for all personnel.
5. **RESCUE** - Protect yourself at all times, use appropriate personal protective equipment (PPE). Remove casualty to a safe area, ensure medical aid has been called for and administer first aid.
6. **SECURE THE AREA** - Prevent unauthorized access. If possible, take steps to protect people, the environment and property.
7. **ACT AS INCIDENT COMMANDER** - Until relieved by the appropriate person.

### **2.24 RESPONDER SAFETY**

The number one response objective for Harvest is always “Life Safety”, this includes responder safety. Response personnel must stay out of the Hazardous Area until the hazards are identified and assessed, including ignition sources or vapours gathering in low-lying areas such as ditches, trenches and forested areas. The nature of a hazard will influence the response tactics. Therefore, the following characteristics about the hazard and responder safety considerations must be considered when identifying / assessing the hazard(s):

#### **Hazard Characteristics:**

- The quantity and type of product involved.
- The potential for the situation to escalate.
- The location of the incident, the time of day and the weather conditions.
- Actual and perceived danger to responders, the public and the environment.

#### **Responder Safety Considerations:**

- The number of responders and their training.
- Knowing / understanding the established communication method(s) between the responders and to supervisory personnel.
- The availability of response equipment.
- The availability of external support (e.g. ambulances, police, fire fighters and mutual aid).
- Ensure proper air monitoring and personal protective equipment (PPE) is available, worn and used correctly. Remember, PPE only reduces but does not eliminate the risk from harmful substances.
- Determine safe egress routes.
- Approach the site from an upwind or cross-wind direction.
- Inspect the site from a distance (use binoculars if available).
- Maintain contact with their supervisor.
- Use the “buddy system”. If there is the slightest doubt, then designate safety back-up (Site Safety) or wait for help.
- Establish roadblocks and secure the Incident Site / Hazardous Area. Roadblocks may be repositioned once the Operations Section considers all public protection measures including final roadblock positions.
- Continually monitor the wind direction.

- Ensure you are wearing a personnel gas detection monitor that is intrinsically safe and are familiar with its use and limitations. **Note: Do not use human sense of smell or sight alone to assess hazards.**
- Test poorly ventilated spaces such as buildings, vessels, tanks, sumps or pits, excavations or trenches, and low-lying areas. Peripheral monitoring may be required depending on the type of substance being released.
- Be prepared to evacuate immediately.

Once the hazard has been identified and assessed, responders must approach an incident site that may have gases or explosive vapours from an upwind or crosswind direction. When on-site, responders must take the following precautions:

- Identify safe escape routes away from Hazardous Areas.
- Continue to assess the related hazards, e.g. toxic vapours, fire or explosion hazards, electrical hazards, BLEVE.
- Protect yourself and others before initiating control and containment operations, including rescue.
- Inform first responders (police, fire and/or ambulance) about the hazards. Do not allow anyone, including first responders such as police, fire fighters or ambulance attendants to enter the Hazardous Area unless they are properly trained and equipped with proper safety equipment including personal protective equipment.
- Avoid extinguishing an ignited hydrocarbon release if the supply cannot be stopped.
- Only attempt fire control on small fires. Extensive fires or uncontrolled facility fires must be dealt with by trained and equipped firefighting professionals. Responders must not attempt to battle a fire without adequate firefighting equipment, training and backup personnel.
- Advise fire authorities when a Harvest facility is threatened by an external fire. Fire authorities should also be made aware of dangerous products or flammable hazards at the facility, such as pressurized NGL vessels, chemical and fuel storage.
- Consider an outside expert when necessary. Well control, for example, is a speciality requiring specific experience, equipment and procedures.

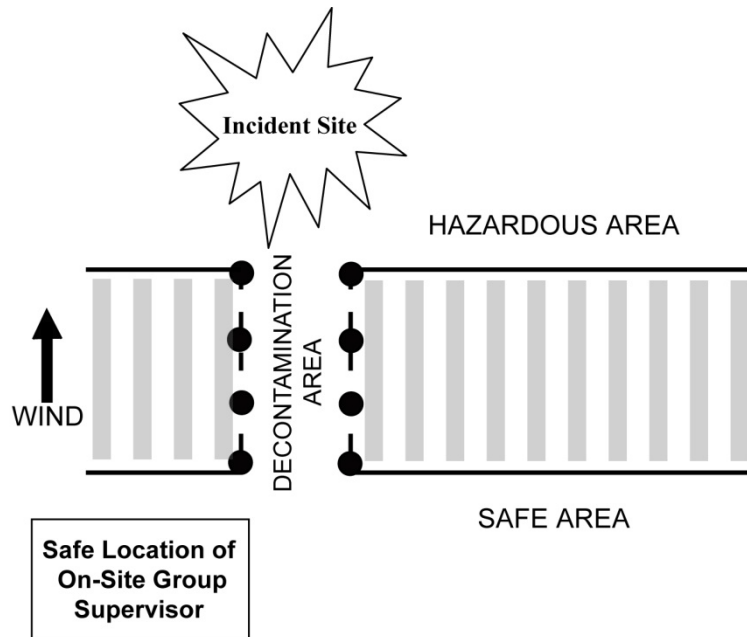
### **Hazardous Concentrations / Recommended Responder Safety Actions**

| <b>Air Quality Monitor</b>                   | <b>Hazard</b>           | <b>OHS Exposure Limits</b>           | <b>Recommended Responder Safety Action</b>                                                                                                                               |
|----------------------------------------------|-------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Combustible Gas Monitor                      | Explosive Atmosphere    | > 20% Lower Explosive Limit (LEL)    | Explosion Hazard!<br>Withdraw from area immediately                                                                                                                      |
| Oxygen Concentration Monitor                 | Oxygen Deficiency       | < 19.5                               | Use Self-Contained Breathing Apparatus (SCBA) to continue response in hazard area<br><b>Note: Combustible gas readings are not valid in atmospheres &lt;19.5% oxygen</b> |
|                                              | Excess Oxygen           | > 23.0                               | Fire/explosion hazard!<br>Withdraw from area immediately                                                                                                                 |
| Hydrogen Sulphide (H <sub>2</sub> S) Monitor | Hydrogen Sulphide       | ≤ 10ppm                              | Continue investigation / response                                                                                                                                        |
|                                              |                         | > 10ppm                              | Toxic Hazard!<br>Withdraw from area immediately<br>Use Self-Contained Breathing Apparatus (SCBA) to continue response in hazard area                                     |
| Sulphur Dioxide (SO <sub>2</sub> ) Monitor   | Sulphur Dioxide         | > 5ppm<br><br>Over 15 minute average | Toxic Hazard!<br>Withdraw from area immediately<br>Use Self-Contained Breathing Apparatus (SCBA) to continue response in hazard area                                     |
| Product Specific Monitors                    | Consult SDSs or CANUTEC | SDS Toxicity Data                    | Potential Toxic Hazard!<br>Withdraw from area immediately                                                                                                                |



### **On-site Work Area Control**

Harvest may choose to separate the site into three distinct areas to clearly identify the high-risk areas, reduce the hazards to the on-site responders and control movement to / around the site. The three areas could be defined as the “Safe Area”, the “Hazardous Area” and the “Decontamination Area”. **THESE THREE ON-SITE WORK AREAS *MUST NOT BE* CONFUSED WITH A PLANNING ZONE OR A RESPONSE ZONE. ON-SITE WORK AREAS ARE PERTINENT TO ON-SITE RESPONDERS ONLY.**



### **Safe Area**

The Safe Area is an area verified by Harvest to be free from any hazards and is far away from the incident site enough that respiratory protective equipment is not required. The site must be continuously monitored and evaluated for changing conditions that would require the work areas to change in location or size. The On-site Command Post and staging area are located in the Safe Area.

### **Hazardous Area**

Extreme caution and planning must be undertaken when entering the Hazardous Area and access will be strictly controlled. Only personnel with appropriate personal protective equipment, training and an understanding of the specific response and control procedures will be allowed into the Hazardous Area. An example of this strategy is confined space entry and rescue. Prior to entry into the Hazardous Area, all personnel should fully understand the goals, the method of on-site responder communication and the rescue plan. Note: the number of personnel and equipment allowed on-site must be kept to a minimum and restricted to essential only.

The size and shape of the Hazardous Area cannot be predetermined as each incident is unique and will have different parameters (incident type, product size of hazard, weather and geography) that will be used to establish the response areas. Harvest will consider the following on-site conditions when determining the size of the Hazardous Area:

- The location of access routes, power lines, pipelines, fire and explosion hazards.

- Areas where vapours are likely to accumulate such as downwind areas, low areas, confined spaces.
- Scene stability, e.g. steep slopes, overhanging banks, unstable soil, thin ice.
- Weather conditions.
- Properties and evacuation data for the product involved.
- SDS sheets.

Contact (visual, tactical, audible, timing) with personnel within the Hazardous Area must be maintained at all times. If contact is lost, a rescue team will need to be established and deployed to search for and rescue the missing worker(s).

### **Decontamination Area**

The Decontamination Area is a transition zone between the Hazardous area and Safe area, usually set up in response to a hazardous material spill and when decontamination of personnel and equipment is required. The Decontamination Area buffers the Hazardous Area and the Safe Area and should be set up where they will not be affected by the on-site hazards. Any contaminated personnel and equipment leaving the Hazardous Area may need to be decontaminated before continuing to the Safe Area.

Personnel responding to hazardous substance emergencies may become contaminated in several ways:

- Contacting vapours, gases, mists or particulate in the air.
- Being splashed by materials while sampling or opening a container.
- Walking through puddles of liquids or on contaminated soil.
- Using contaminated instruments or equipment.

Decontamination is the complete or partial removal or neutralization of the harmful contamination chemicals. Some equipment will not withstand a proper decontamination process and therefore must be destroyed. Harvest must determine whether response clothing, instruments and equipment should be decontaminated or destroyed.

Equipment, solutions and procedures required for decontamination depend on the type and degree of contamination. All hazardous waste must be disposed of according to applicable waste management regulations.



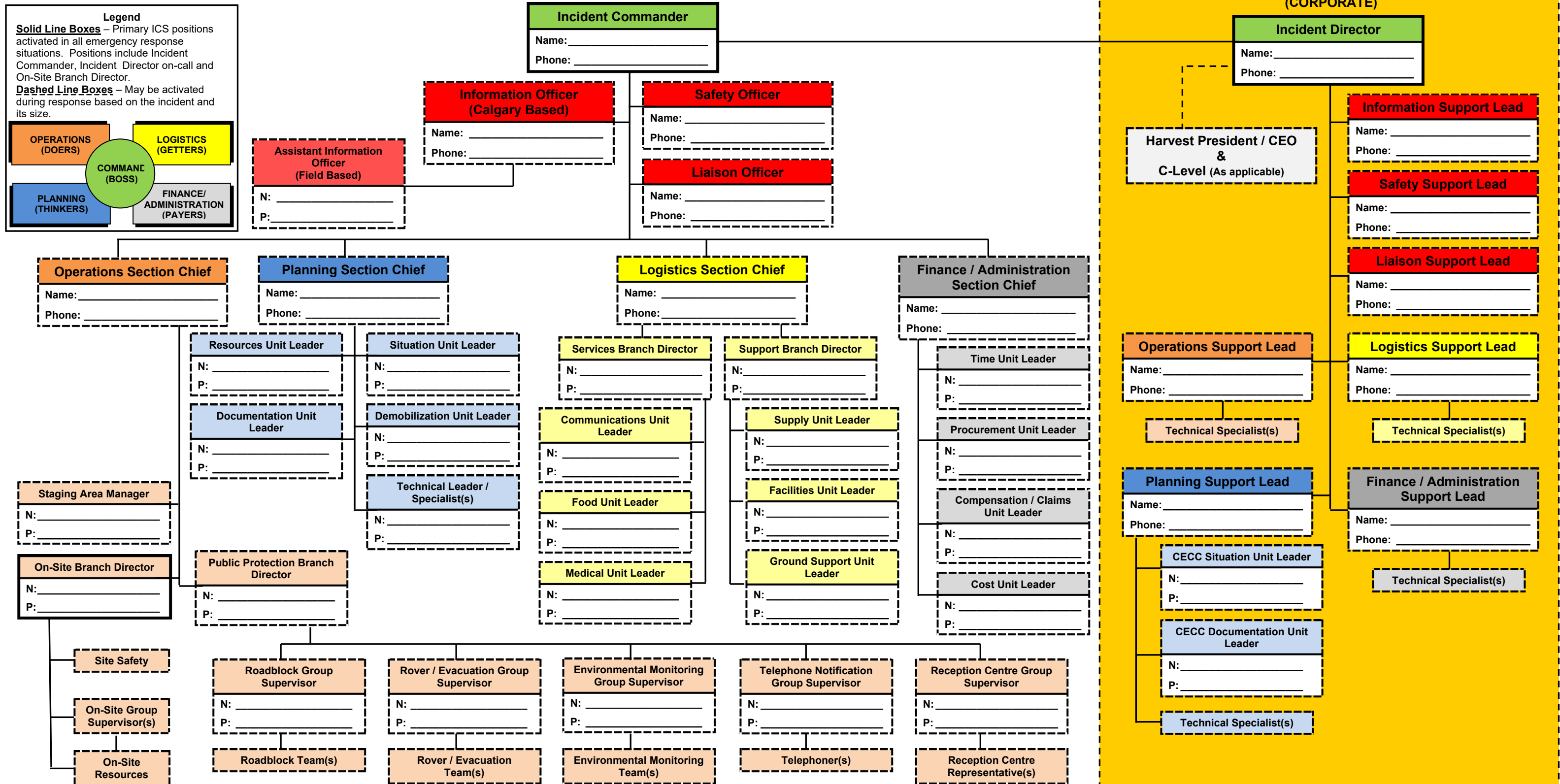
**3.0 INCIDENT COMMAND SYSTEM  
ORGANIZATIONAL CHART  
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3.1 HARVEST INCIDENT MANAGEMENT TEAM (IMT) ORGANIZATIONAL CHART



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## **4.0 RESPONSE TEAM DUTIES**

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| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                  |
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| 4.1 INCIDENT COMMANDER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                  |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Area Superintendent / Area Foreman / Lead Operator / Drilling & Completions Team Lead / or Alternate                                                                                                                                                                                                                                                                                             |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Command Staff (Officers) / General Staff (Section Chiefs) / Incident Director                                                                                                                                                                                                                                                                                                                    |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Holds overall responsibility for the incident response                                                                                                                                                                                                                                                                                                                                           |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ICS 201 – Incident Briefing<br>ICS 202 – Incident Objectives (Completed by Planning Section)<br>ICS 207 – Incident Organization Chart<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>REG 5 - BC FORM D: Permit Holder Post Incident Report<br>SEC 1 - Threatening Call / Bomb Threat Report<br>MDA 1 - Preliminary Media Statement<br>MISC 1 - Hand Off Document |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>Coordinate <u>overall</u> response effort, ensuring to maximize responder &amp; public safety/protection; and direct control, containment and recovery.</li> <li>Establish response Objectives and Incident Action Plan (IAP)</li> <li>Activation of Incident Management Team (IMT) &amp; Emergency Response Plan (ERP). <b>“GET BIG FAST”</b></li> <li>Ensure all response duties are being carried out (either by assigned personnel or assuming oneself).</li> <li>Inform Incident Director and request assistance as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Clarify incident information, record data, assess and analyze the situation. In situations where the incident has not been reported by Harvest personnel or no Harvest personnel are at the location, dispatch personnel to investigate, confirm the situation, occupy the role of On-Site Branch Director and establish the On-Site Command Post (OSCP).</li> <li><input type="checkbox"/> Liaison with On-Site Branch Director, ensure appropriate immediate actions have been implemented, and discuss on-going response. Ensure personnel on site are limited to those directly involved in the response and that appropriate safety and personnel protective measures are in place and being maintained. Assign Safety Officer as required to manage responder safety. Review and approve ICS 208 – Safety Message / Plan.</li> <li><input type="checkbox"/> Provide On-Site Branch Director with any support, equipment and/or personnel required to meet the control and containment action plan.</li> <li><input type="checkbox"/> Proactively assign personnel to Incident Management Team positions and ensure a span-of-control of between three (3) to seven (7) is maintained. ICS organizational positions are filled based on the required actions from the Incident Action Plan (IAP). Future operational periods and relief personnel should be considered. Utilize ICS 207 – Incident Organization Chart to record personnel in occupied positions. Resist the urge to do all tasks and occupy each role within the Incident Command System (ICS). Maintain communications with direct reports throughout the response.</li> <li><input type="checkbox"/> Utilize Section 6 of this ERP; any applicable site-specific ERP for the area; maps; forms; and applicable surface development information, to help guide actions for the type of emergency.</li> <li><input type="checkbox"/> Establish an Incident Command Post (ICP).</li> <li><input type="checkbox"/> Ensure safety and security measures are in place to protect workers, members of the public and responders.</li> <li><input type="checkbox"/> Ensure environmental protection measures are in place, if required.</li> <li><input type="checkbox"/> Based on known information, determine the Level of Emergency using the appropriate regulating agency's assessment matrix. Confirm level of emergency with applicable oil &amp; gas regulating agency.</li> <li><input type="checkbox"/> Determine size of Emergency Planning Zone (EPZ) (a.k.a. Emergency Hazard Area and Hazard Response Zone). Be prepared to expand the response beyond the EPZ as dictated by environmental monitoring results.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                  |

| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |
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| 4.1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | INCIDENT COMMANDER |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As required, assign (or ensure the Operations Section Chief has assigned) a Public Protection Branch Director to initiate public protection measures within the EPZ or response zone. Confirm consistent and appropriate messaging is being communicated to the public to ensure their safety and to meet regulatory expectations. Ensure Air Quality Monitoring Unit(s) have been dispatched, if applicable. Obtain regular updates on the status of public protection measures and environmental monitoring data.</li> <li><input type="checkbox"/> Ensure the Level of Emergency and Emergency Planning Zone is communicated to applicable government agencies, the Incident Management Team and the Emergency Management Support Team. Changes to the Level of Emergency or EPZ should be communicated out as soon as possible once the change has occurred.</li> <li><input type="checkbox"/> Ensure the ICS 201 (Incident Briefing) form is completed. Completion of this form will guide the establishment of the incident objectives, strategies and tactics and typically defines the Incident Action Plan (IAP) for the first operational period.</li> <li><input type="checkbox"/> Document all actions, decisions, requests and contacts on the ICS 214A – Individual Log / Time &amp; Event Sheet. As required, assign a personal scribe/administrative assistant to assist you throughout the response.</li> <li><input type="checkbox"/> Establish contact with the Incident Director by calling the Harvest 24 Hour Emergency Number at 1-800-760-2826, and asking to be connected to the Incident Director On-Call. Provide an incident briefing, request any support services required and advice. Establish on-going communication expectations between the two parties.</li> <li><input type="checkbox"/> Ensure Liaison Officer has contacted applicable government agencies for the incident type (See Government Contact Matrix in Section 2), notified them of the situation, updated them on response efforts and requested any required support. If any member of the public has been notified for any reason, the oil &amp; gas regulatory authority, local authority and provincial health authority must be notified as a minimum.</li> <li><input type="checkbox"/> If required, appoint an Operations Section Chief to direct the execution of the IAP and public protection initiatives. Establish briefing intervals on a regular basis with the Operations Section Chief.</li> <li><input type="checkbox"/> As required, appoint a Planning Section Chief to ensure adequate incident documentation is being compiled, displayed and distributed; the Objectives and Incident Action Plan are complete or being completed for the operational period; briefing, strategy, tactic and operational meetings are being scheduled/facilitated and conducted on a regular basis; planning is underway for next operational periods; and subject matter experts are being sourced to assist with planning efforts.</li> <li><input type="checkbox"/> Source, review, approve and authorize implementation of (for each operational period):               <ul style="list-style-type: none"> <li>○ ICS 201 - Incident Briefing Form</li> <li>○ Incident Action Plan (IAP)</li> <li>○ ICS 208 – Safety Message / Plan</li> <li>○ ICS 202 - Incident Objectives</li> <li>○ ICS 206 – Medical Plan</li> <li>○ Resource Requests (Including release of resources)</li> <li>○ Public Protection messaging</li> <li>○ Media statements</li> </ul> </li> <li><input type="checkbox"/> Assign Logistics Section Chief to arrange for procurement of all resources, equipment and supplies, if required.</li> <li><input type="checkbox"/> Establish a location for a Staging area outside of the emergency response zone and large enough to support in-coming and outgoing support services and equipment. Assign a Staging Area Manager to oversee the location.</li> <li><input type="checkbox"/> Obtain emergency cost centres and assign Finance / Administration Section Chief as required to manage finances and administrative requirements.</li> <li><input type="checkbox"/> Request Incident Director to assign an Information Officer (Calgary based) to manage media relations. Provide all applicable information to the Information Officer to be used in the development of media releases and ensure all media releases are coordinated with the oil &amp; gas regulating authority. All media inquiries should be forwarded to the Information Officer for follow-up.</li> </ul> |                    |



| <b>RESPONSE DUTIES (IMT Command)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
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| <b>4.1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>INCIDENT COMMANDER</b> |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Review Ignition Criteria in Section 5. Where time permits discuss ignition with On-Site Branch Director, Operations Section Chief and applicable oil &amp; gas regulator. Ensure ignition can be performed safely and is not more harmful than if left unignited.</li> <li><input type="checkbox"/> Continually re-evaluate actual / potential risks (to responder, members of the public, the environment and Harvest). Adjust actions as required and ensure all response personnel and government authorities are updated on any change of status.</li> <li><input type="checkbox"/> If required, request a Fire Hazard Order (in AB) / Closure Order (in BC) and/or Notice To Airmen (NOTAM) from the oil &amp; gas regulating agency or local authority to restrict access to the response zone.</li> <li><input type="checkbox"/> Based on the size and anticipated duration of the incident, determine the need to establish a Unified Command with the local authority. If a formal Unified Command is determined not to be required, consider sending a Harvest representative to any government established emergency operations centres and welcoming government representatives to the Harvest emergency operations centre to liaison the two organizations for the purpose of a common / coordinated response.</li> <li><input type="checkbox"/> Assign a Deputy Incident Commander in large events where assistance in executing duties is required.</li> <li><input type="checkbox"/> In security related incidents, utilize Harvest's Security Management Program (SMP) processes to assist in proactive decision making. Security risk management activities should be commensurate with the type, size, location and criticality of the assets being protected. In conjunction with the Incident Director, develop a security management strategy and protocols to manage any security situation. Harvest has instituted 'Minimum Operational Security Standards' (MOSS) mitigating measures to deal with potential threats. The risk matrix evaluates the likelihood of identified threats occurring, uses a documented quantitative or qualitative method to determine consequences and considers other risks associated with security stakeholders, contractors and suppliers. Refer to the 'Risk Matrix'; the 'Probability and Consequence' table and the 'Graduated Threat Mitigation Matrix' contained within section 5 of the corporate SMP.</li> <li><input type="checkbox"/> Anticipate long-term and 24 hour staffing requirements as required. Direct Logistics Section Chief to source required staff. As shift changes occur, ensure a formal transfer of command (briefing on status of events, actions taken and actions outstanding) is initiated and communicated to all direct reports.</li> <li><input type="checkbox"/> In a security related event, refer to Harvest's Security Management Plan (SMP).</li> </ul> |                           |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Once the situation improves, the decision to downgrade / stand-down the level of emergency is made by the Incident Commander in consultation with the Incident Director and applicable oil &amp; gas regulator. The oil &amp; gas regulator will consult with other government agencies as required or they see fit before indicating whether or not they feel downgrading or standing down the emergency level is appropriate.</li> <li><input type="checkbox"/> Ensure all responders are notified of the call down.</li> <li><input type="checkbox"/> Ensure all members of the public who were evacuated are notified of the downgrade and okay to return. Ensure a safe and secure return home plan is developed (including gas detection in low lying areas in a toxic gas release event) and utilized to continue to ensure public safety. Designate personnel to provide return home/work assistance as required.</li> <li><input type="checkbox"/> Ensure site remains undisturbed until all applicable authorities have been able to complete their investigations.</li> <li><input type="checkbox"/> Ensure the Planning Section Chief gathers and consolidates all documentation related to the incident and response from all response personnel. Utilize documentation to complete all required incident investigations and reporting.</li> <li><input type="checkbox"/> Facilitate post incident debriefing with key responders and determine what worked well, areas for improvement, lessons learned and required actions resulting from the debrief.</li> <li><input type="checkbox"/> Ensure any commitments made (internal and external) during the response or as a result of the debrief are followed up on and the commitment is satisfactorily closed from both parties perspective.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                           |

| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                          |                           |
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| <b>4.1</b>                                                                                                                                                                                                                                                                                                                                                                                             | <b>INCIDENT COMMANDER</b> |
| <b>Post Incident – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                         |                           |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure expense / damage claim reports are collected and processed by the Finance / Administration Section in a timely manner.</li><li><input type="checkbox"/> In consultation with the Incident Director, determine the need to source a Critical Incident Stress Management (CISM) assistance program for impacted parties.</li></ul> |                           |

| <b>RESPONSE DUTIES (IMT Command)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                            |
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| <b>4.2 SAFETY OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Safety Advisor / Area Operator / or Alternate                                                                                                                                                                                                                                                              |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Incident Commander / Safety Support Lead, if assigned / All response personnel through safety messages                                                                                                                                                                                                     |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Incident Commander                                                                                                                                                                                                                                                                                         |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ICS 204A – Assignment List Attachment<br>ICS 206 – Medical Plan (Completed by Medical Unit Leader)<br>ICS 208 – Safety Message / Plan<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event<br>ICS 215 – Operational Planning Worksheet<br>ICS 215A – Incident Action Plan Safety Analysis |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>• Maximize responder safety.</li> <li>• Review tactical response assignments and ensure proper PPE and safety procedures/measures are being utilized for the task(s).</li> <li>• Correct or discontinue unsafe situations as required.</li> <li>• Develop and deliver required safety messaging.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> As directed, proceed to the Incident Command Post, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing (either directly from Incident Commander or from the ICS 201 Incident Briefing document). <input type="checkbox"/> Make contact with Site Safety, if assigned. <input type="checkbox"/> Confirm with Site Safety that the incident scene is undisturbed, except for emergency remedial actions, and is recorded by diagrams and/or photographs. <input type="checkbox"/> Assess initial actions taken on site, identify current and potential hazards and responder safety issues (including those as a result of a security issue) and complete ICS 208 Safety Message / Plan form. <input type="checkbox"/> Provide advice to the Incident Management Team (IMT) on response safety (with life safety being top priority). Make sure safety concerns are known and understood. Stop or prevent all unsafe activities/acts. <input type="checkbox"/> Complete ICS 215A – Incident Action Plan Safety Analysis (with assistance of ICS 215 Operational Planning Worksheet completed by IMT) to identify potential safety hazards for planned activities and recommend appropriate safety measures and mitigations for each activity (ie. PPE, buddy system, escape routes, etc.). <input type="checkbox"/> Provide directions to Site Safety as required and ensure all orientations, recommendations and safe work permits are being conducted at site. <input type="checkbox"/> Assist Incident Commander in the completion of the Incident Action Plan with a focus on responder safety implications. <input type="checkbox"/> Participate in Incident Management Team briefings and be prepared to discuss current and potential hazards and unsafe conditions. <input type="checkbox"/> If established, liaison with Corporate Emergency Management Support Team “Safety Support Lead” and receive necessary support. <input type="checkbox"/> Ensure environmental monitoring (air quality, toxicological, water quality etc.) is being conducted. Obtain results to ensure proper hazards are being accounted for and Personal Protective Equipment (PPE) is being utilized by responders to address the hazard. <input type="checkbox"/> Support the Incident Commander with any responder injury incident investigation process. <input type="checkbox"/> Assist Medical Unit Leader or Logistics Section Chief with completion of ICS 206 – Medical Plan. <input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time & Event. <input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-in Form. |                                                                                                                                                                                                                                                                                                            |

**RESPONSE DUTIES (IMT Command)**

**4.2 SAFETY OFFICER**

**Post Incident**

- ☐ As required, continue to advise and support the Incident Management Team regarding measures for ensuring responder safety.
- ☐ Assist Site Safety as required. Ensure the incident scene remains undisturbed, except for emergency remedial actions, and is recorded by diagrams and/or photographs until investigations are complete.
- ☐ Prepare safety plan (ICS 208 – Safety Message / Plan) for clean-up and remediation activities. Include considerations for Incident Stress care for those who may have been exposed to highly stressful situations as a result of the emergency response.
- ☐ Participate in the Post-Incident Debrief.
- ☐ Participate in post incident investigation. Recommend any corrective actions and communicate learnings.
- ☐ Forward all data and forms related to and completed during the response to the Documentation Unit Leader or Incident Commander.
- ☐ Deactivate position once authorized by the Incident Commander.

| <b>RESPONSE DUTIES (IMT Command)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |
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| <b>4.3 LIAISON OFFICER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                         |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Area Operator / Engineer / or Alternate                                                                                                                                                                                                                                                 |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Incident Commander / Liaison Support Lead, if assigned / Regulators / Government Agencies                                                                                                                                                                                               |
| Reports To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Incident Commander                                                                                                                                                                                                                                                                      |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>REG 1 - AB First Call Communication Form<br>REG 2 - AB Release Report<br>REG 3 - BC FORM A: Minor Incident Notification Form<br>REG 4 - BC FORM C: Emergency Incident Form<br>REG 7 - Wildfire Control Form |
| Contact Numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | In areas that maintain a Site Specific Supplemental ERP, government contact details will be listed in that supplement.                                                                                                                                                                  |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>Coordinate and conduct notifications/updates to industry regulators and government agencies based on the incident.</li> <li>Act as point of contact for regulators and government agencies (both incoming and outgoing messaging).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> As directed, proceed to the Incident Command Post, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing (either directly from Incident Commander or from the ICS 201 Incident Briefing document). <input type="checkbox"/> Review “Government Contact Matrix” for applicable province in Section 2, determine which agencies have jurisdiction and require contact and complete (or assist in the completion of) the required regulatory incident reporting forms (see potential forms listed above). Forward completed forms to applicable agencies as required. <input type="checkbox"/> Clarify the determined emergency level classification with the Incident Commander, and the rationale for choosing the emergency level. Ensure all agencies are notified of the emergency level. <input type="checkbox"/> Determine, through the Incident Commander, if support and type of support is required from any government agency. Monitor needs through Incident Commander throughout the response and make requests as required. <input type="checkbox"/> Make all required government agency notifications and request support as required. Ensure each conversation is documented and you obtain the name and contact details of the appropriate liaison for the agency on an on-going basis. If you are unsure if a particular agency should be contacted, make contact as a courtesy notification. In all declared emergencies the applicable provincial or federal oil and gas regulator, local authority (Municipality, Regional district, City, Town, Indian Reserve etc.) and regional health authority (when members of the public have been notified) are required to be notified. <input type="checkbox"/> Ensure all agency contacts are provided with your contact details should they need to communicate directly with Harvest Operations. The Liaison Officer is responsible for the flow of information to and from all government agencies. <input type="checkbox"/> Ensure intended actions of the government agencies (eg. activation of EOC, intent to provide support as requested, public protection measures etc.) are known and communicated to the Incident Commander immediately. <input type="checkbox"/> Confirm level of emergency with applicable oil and gas regulator. Obtain details if different than level determined by Harvest and forward to Incident Commander immediately. <input type="checkbox"/> Immediately advise the Incident Commander of any outstanding questions or concerns raised by an agency and ensure their inquiries are responded to in a timely manner. <input type="checkbox"/> Identify affected contractors working for Harvest Operations Corp. Confirm whether the contractor's head office has been or needs to be notified. Make contact if required. <input type="checkbox"/> Participate in Incident Management Team briefings and be prepared to discuss current government agency involvement, including limitations and capability. |                                                                                                                                                                                                                                                                                         |

| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |
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| <b>4.3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>LIAISON OFFICER</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Provide regular updates to involved government agencies on updates to emergency levels, status of the emergency and action plans.</li><li><input type="checkbox"/> If established, liaison with Corporate Emergency Management Support Team “Liaison Support Lead” and receive necessary support.</li><li><input type="checkbox"/> Ensure information is provided to Planning Section to update status boards accordingly.</li><li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li><li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li></ul> |                        |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all contacted government agencies are notified of the emergency call-down. Provide a contact number for any further follow-up required by the government agency(ies).</li><li><input type="checkbox"/> Ensure all previous commitments made to government agencies are completed.</li><li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the Documentation Unit Leader or Incident Commander.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Commander.</li></ul>                                                                                                                                                                                                                                  |                        |

| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 4.4 INFORMATION OFFICER (Corporate Head Office Based)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Corporate Legal or Marketing representative / or Alternate                                                                                                                                                                                                                                                                                                                                               |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Incident Commander / Alternate Information Officer (Field Based) / Public Information Support Lead / Regulator Public Information Representative / Public Protection Branch Director / Liaison Officer                                                                                                                                                                                                   |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Incident Commander                                                                                                                                                                                                                                                                                                                                                                                       |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>MDA 1 - Preliminary Media Statement                                                                                                                                                                                                                                                                                          |
| Guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <ul style="list-style-type: none"> <li>• Return all calls promptly and courteously.</li> <li>• Restrict comments to facts, do not speculate.</li> <li>• Keep messages consistent, avoid technical details.</li> <li>• Cooperate with media, but ensure they are operating within the safe work procedures as identified by the incident.</li> <li>• Refer to media guidelines in Section 6.20</li> </ul> |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>• Manage all media correspondence throughout response (traditional media and social media).</li> <li>• Respond to general public inquires.</li> <li>• Provide Harvest stakeholders with incident related information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Incident Command Post, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing (either directly from Incident Commander or from the ICS 201 Incident Briefing document). Ensure you have enough information to draft media releases and that you are aware of the known facts vs. unverified information (hearsay).</li> <li><input type="checkbox"/> Consider the following when determining media statements and involvement: Technical details of the incident; External resources engaged; Environmental impacts; Public Safety impacts and current public protection measures; Worker safety; Received feedback or concerns; Things that may draw attention such as smoke, noise, roadblocks etc.</li> <li><input type="checkbox"/> Identify if any media involvement has already occurred and to what degree. Proactively assess media involvement and impact. Prepare and follow-up accordingly.</li> <li><input type="checkbox"/> Determine any limits on media information releases with the Incident Commander.</li> <li><input type="checkbox"/> Draft a preliminary media statement (holding statement) to be provided to all Harvest and response personnel to be used in the event they are contacted by media representatives. Use the "Preliminary Media Statement" form to assist with the draft. Provide your contact details with the preliminary media statement so responders can appropriately forward media enquiries to you. It is essential all Harvest receptionists and established reception centres are provided with this information.</li> <li><input type="checkbox"/> Ensure Incident Commander has signed off on all media statements prior to their distribution.</li> <li><input type="checkbox"/> Manage all incoming public inquires for members of the public not within the calculated emergency planning zone. Coordinate with Liaison Officer and Public Protection Branch Director to ensure consistent messaging is being delivered.</li> <li><input type="checkbox"/> Assign an Assistant Information Officer that is field based, in the event you are unable to travel to the field and demand requires public information be managed from the field or Incident Command Post.</li> <li><input type="checkbox"/> Coordinate all media releases with the applicable oil and gas regulator.</li> <li><input type="checkbox"/> In coordination with Incident Commander and Public Protection Branch Director, determine if media is required to deliver public protection messaging. If yes, activate media outlets and deliver messaging immediately.</li> <li><input type="checkbox"/> Set a media schedule with media outlets where you determine when and how media releases will be delivered. Work with media outlets to ensure information conveyed is accurate.</li> <li><input type="checkbox"/> Establish a black website as required to communicate with directly impacted members of the public.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                          |

| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |
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| <b>4.4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>INFORMATION OFFICER (Corporate Head Office Based)</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Monitor Social Media sites and establish social media communications protocols. Assign a social media assistant if required to manage social media activity. Participate in Incident Management Team briefings and be prepared to discuss current media involvements and media releases.</li><li><input type="checkbox"/> Ensure employees not directly involved with response efforts are advised and keep informed on a regular basis.</li><li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li><li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li></ul> |                                                          |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                          |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Prepare and distribute any required post incident media releases.</li><li><input type="checkbox"/> Determine longer-term communication needs and notify Incident Commander.</li><li><input type="checkbox"/> Notify employees of incident call-down.</li><li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the Documentation Unit Leader or Incident Commander.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Commander.</li></ul>                                                                                                                                                                                                                                                                                    |                                                          |



| <b>RESPONSE DUTIES (IMT Command)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                           |
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| <b>4.5 ASSISTANT INFORMATION OFFICER (Field Based)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                           |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | As assigned by Information Officer or Incident Commander                                                                                                                                                                                                                                                                                                                                                  |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Information Officer / Public Information Support Lead / Regulator Public Information Representative                                                                                                                                                                                                                                                                                                       |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Information Officer                                                                                                                                                                                                                                                                                                                                                                                       |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>MDA 1 - Preliminary Media Statement                                                                                                                                                                                                                                                                                           |
| Guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Return all calls promptly and courteously.</li> <li>• Restrict comments to facts, do not speculate.</li> <li>• Keep messages consistent, avoid technical details.</li> <li>• Cooperate with media, but ensure they are operating within the safe work procedures as identified by the incident.</li> <li>• Refer to media guidelines in Section 6.20.</li> </ul> |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>• Work with Corporate Information Officer and assist with field based media issues and general public inquiries.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/> As directed, proceed to the Incident Command Post, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing (either directly from Incident Commander or from the ICS 201 Incident Briefing document). Ensure you have enough information to draft media releases and that you are aware of the known facts vs. unverified information (hearsay).<br><br>In coordination with Information Officer: <ul style="list-style-type: none"> <li><input type="checkbox"/> Consider the following when determining media statements and involvement: Technical details of the incident; External resources engaged; Environmental impacts; Public Safety impacts and current public protection measures; Worker safety; Received feedback or concerns; Things that may draw attention such as smoke, noise, roadblocks etc.</li> <li><input type="checkbox"/> Identify if any media involvement has already occurred and to what degree. Proactively assess media involvement and impact. Prepare and follow-up accordingly.</li> <li><input type="checkbox"/> Determine any limits on media information releases with the Incident Commander.</li> <li><input type="checkbox"/> Draft a preliminary media statement (holding statement) to be provided to all Harvest and response personnel to be used in the event they are contacted by media representatives. Use the "Preliminary Media Statement" form to assist with the draft. Provide your contact details with the preliminary media statement so responders can appropriately forward media inquiries to you. It is essential all Harvest receptionists and established reception centres are provided with this information.</li> <li><input type="checkbox"/> Ensure Incident Commander has signed off on all media statements prior to their distribution.</li> <li><input type="checkbox"/> Manage all incoming public inquiries for members of the public not within the calculated emergency planning zone. Coordinate with Liaison Officer and Public Protection Branch Director to ensure consistent messaging is being delivered.</li> <li><input type="checkbox"/> In coordination with Incident Commander and Public Protection Branch Director, determine if media is required to deliver public protection messaging. If yes, activate media outlets and deliver messaging immediately.</li> <li><input type="checkbox"/> Set a media schedule with media outlets where you determine when and how media releases will be delivered. Work with media outlets to ensure information conveyed is accurate.</li> <li><input type="checkbox"/> Ensure employees not directly involved with response efforts are advised and keep informed on a regular basis.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                           |

| RESPONSE DUTIES (IMT Command)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |
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| <b>4.5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>ASSISTANT INFORMATION OFFICER (Field Based)</b> |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                    |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Prepare and distribute any required post incident media releases.</li><li><input type="checkbox"/> Determine longer-term communication needs and notify Incident Commander.</li><li><input type="checkbox"/> Notify employees of incident call-down.</li><li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the Documentation Unit Leader or Incident Commander.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Commander.</li></ul> |                                                    |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>4.6 OPERATIONS SECTION CHIEF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Area Foreman / Lead Operator / Area Superintendent / Drilling & Completions Engineer / or Alternate                                                                                                                                                                                                                                                                                                                                                                         |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Incident Commander / Staging Area Manager / On-Site Branch Director / Public Protection Branch Director / Safety Officer / Planning Section Chief / Logistics Chief / Operations Support Lead                                                                                                                                                                                                                                                                               |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Incident Commander                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet<br>REG 1 – AB First Call Communication Form<br>REG 3 - BC Form A: Minor Incident Notification Form<br>REG 4 - BC Form C: Emergency Incident Form<br>REG 6 – CER Significant Incident Reporting |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>• Manage execution of tactical response to implement the Incident Action Plan (IAP)</li> <li>• Manage public protection measure.</li> <li>• Provide operational support as required.</li> <li>• Assist Incident Commander and Planning Section Chief with identification / development of incident objectives, strategies and tactics.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Incident Command Post, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing (either directly from Incident Commander or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Make contact with On-Site Branch Director, get a status update and assess the situation, hazards and risks.</li> <li><input type="checkbox"/> Ensure a site assessment, regulator “Incident Notification Report” and supporting documentation (photos, drawings etc.) is completed and forwarded to Incident Commander.</li> <li><input type="checkbox"/> Assist Incident Commander with the determination of response objectives, level of emergency and hazard area radius (Emergency Planning Zone or Hazard Planning Zone).</li> <li><input type="checkbox"/> Identify current and potential tactical operational requirements based on the objectives, level of emergency and hazard area.</li> <li><input type="checkbox"/> Identify current and potential operations section resource needs (including public protection) and delegate operations section support positions (On-Site Branch Director, Public Protections Branch Director, Staging Area Manager), as required to support response objectives, strategies and identified tactical operations. Ensure span-of-control is maintained between 3 to 7 people for each position.</li> <li><input type="checkbox"/> Supervise all on-site tactical activities of the On-Site Branch Director including control and containment, on-site security, site safety, ignition criteria and procedures. Manage by objectives and incident action plan.</li> <li><input type="checkbox"/> Ensure staging area is established outside of the identified emergency response zone, is close to the incident site and is sufficient to support the staging of identified tactical support personnel and equipment being deployed to the site or coming off of active service. Ensure Incident Commander is informed of staging area location and staging area manager and that this information is being communicated to personnel dispatching resources to site. Maintain contact with Staging Area Manager.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
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| <b>4.6 OPERATIONS SECTION CHIEF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure appropriate public protection measures are identified, communicated, understood and carried out by Public Protection Branch Director and their supporting personnel. Obtain regular status reports on contacts made with public, sheltering-in-place, status of isolation of area, evacuation, environmental monitoring and ignition criteria (provide reporting results to Incident Commander). Assist Public Protection Branch Director in determining if response personnel and identified public protection protocols are sufficient to ensure public safety.</li> <li><input type="checkbox"/> Schedule and conduct frequent Operations Section briefings.</li> <li><input type="checkbox"/> Participate in Incident Management Team briefings. Be prepared to discuss status of control &amp; containment, on-site worker safety, current and potential on-site hazards, resource status, communications, environmental protection and public protection measures.</li> <li><input type="checkbox"/> If mobilized, establish informal communication with Operations Support Lead from the Corporate Emergency Management Support Team. Request support as required.</li> <li><input type="checkbox"/> Monitor ignition criteria as appropriate. Review ignition procedures with On-Site Branch Director prior to any decision to ignite.</li> <li><input type="checkbox"/> With the Public Protection Branch Director and Incident Commander, determine the need to request and obtain, an area Closure Order (from Local Authority or Applicable Regulatory Agency) or Notice to Airmen (NOTAM) to close space around the incident.</li> <li><input type="checkbox"/> Ensure Safety Plan is obtained from Safety Officer, is communicated to personnel on site, and expectations for safety are being met and the potential for escalation is understood.</li> <li><input type="checkbox"/> Understand ongoing staffing and resource requirements and work with Logistics Chief to maintain those requirements or obtain back-up if required.</li> <li><input type="checkbox"/> Consider other Harvest operations in the area and the potential need to shut-in operations to support response activities.</li> <li><input type="checkbox"/> Ensure on-site response personnel have access to emergency response plans, spill contingency plans, security management plans or other response plan documents (ie. Maps) as required to support activities.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> In consultation with On-Site Branch Director and Incident Commander, ensure appropriate controls and conditions are in place to maintain control, ensure safety and move operations from response to recovery or downgrade the emergency level.</li> <li><input type="checkbox"/> Ensure all operations section responders (including staging area) are notified of the call down.</li> <li><input type="checkbox"/> Ensure all commitments made to members of the public are completed and carried out.</li> <li><input type="checkbox"/> Ensure Public Protection Branch Director has ensured the area is deemed safe to begin returning evacuees or members of the public back to the area. Maintain security until evacuees have safely returned.</li> <li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li> <li><input type="checkbox"/> Participate in post incident investigation. Recommend any corrective actions and communicate learning's. Ensure site is left undisturbed and security of evidence is maintained until all necessary site investigations have been completed (this included Harvest, Regulatory, Government, 3<sup>rd</sup> Party etc. investigations).</li> <li><input type="checkbox"/> Identify any personnel that could be psychologically impacted and forward to Incident Commander so that Critical Incident Stress Debriefing (CISD) can be conducted if required.</li> <li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the Documentation Unit Leader or Incident Commander.</li> <li><input type="checkbox"/> Deactivate position once authorized by the Incident Commander.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                  |
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| <b>4.7 STAGING AREA MANAGER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                  |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Field Personnel / Contract Safety or Security Company / or Alternate                                                                                             |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Operations Section Chief / On-Site Branch Director / Out-of-service or Awaiting service tactical operations personnel                                            |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Operations Section Chief                                                                                                                                         |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ICS 211 – Check-in<br>ICS 211E – Equipment Check-in<br>ICS 211P – Personnel Check-in<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>Establish and manage staging area(s) for tactical resources to await deployment.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |
| <input type="checkbox"/> Obtain an incident briefing from the Operations Section Chief, if assigned or Incident Commander. Ensure wind direction is provided to be used in the determination of the Staging Area location.<br><input type="checkbox"/> Discuss with Operations Section Chief where to establish the Staging Area. Proceed to the location and begin set up. Try to avoid areas that are downwind or downhill of the incident location. Do not set up the Staging Area within the established emergency planning zone.<br><input type="checkbox"/> Make sure all required permissions have been obtained by landowner(s) before proceeding with the set-up of the Staging Area.<br><input type="checkbox"/> Ensure site has communications capability (cellphone service, radio service etc.). If further equipment is required, notify the Operations Section Chief immediately so it can be procured.<br><input type="checkbox"/> Ensure access and egress points are identified and communicated to Operations Section Chief. Enough space should be reserved for the turnaround (movement) of large equipment.<br><input type="checkbox"/> Don PPE as required (e.g. traffic vest, air monitor, communications equipment).<br><input type="checkbox"/> Set up security measures to ensure the safety of personnel within the staging area and limited access to required personnel and equipment (boundary parameters, flagging, lighting etc.). Establish check point at entrance of Staging Area to receive incoming / outgoing personnel and equipment (could be in a truck, or office trailer).<br><input type="checkbox"/> Obtain Check-in forms and ensure they are being filled out with information on all incoming and outgoing resources and equipment. Coordinate all activities within the Staging Area.<br><input type="checkbox"/> Obtain list from Logistics Section of dispatched services, ensure services have been authorized before providing access to the Staging Area.<br><input type="checkbox"/> Provide site orientation and initial briefings to personnel entering the site.<br><input type="checkbox"/> Verify all work tickets are current and in order for work being asked to be conducted.<br><input type="checkbox"/> Dispatch personnel and equipment to their assigned duties as directed by Operations Section Chief, On-Site Branch Director or Public Protection Branch Director. Ensure communications with Operations Section Chief, On-Site Branch Director and Public Protection Branch Director is maintained throughout the response and they are advised as services arrive and are ready for deployment.<br><input type="checkbox"/> Communicate any support requirements needed for personnel deployed to Staging Area (e.g. Food, fuel, washrooms, lighting, rest areas etc.) to Operations Section Chief. Request addition support as required.<br><input type="checkbox"/> Maintain a record of purchase orders, bills received, and other financial documentation. Submit to Finance / Administration Section as instructed.<br><input type="checkbox"/> Immediately report any problems or issues to the Operations Section Chief.<br><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time & Event.<br><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form. |                                                                                                                                                                  |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                             |
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| <b>4.7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>STAGING AREA MANAGER</b> |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                             |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure equipment and personnel are released from the Staging Area and check-out is documented.</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the Documentation Unit Leader or Operations Section Chief (to then be forwarded to Incident Commander). Financial documentation should be forwarded to Finance / Administration Section.</li><li><input type="checkbox"/> Deactivate position once authorized by the Operations Section Chief.</li><li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li></ul> |                             |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                        |
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| <b>4.8 ON-SITE BRANCH DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                        |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Lead Operator / Field Personnel / Drilling - Completions Wellsite Supervisor / or Alternate                                                                                                                                            |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Operations Section Chief / Site Safety / On-Site Group Supervisor(s) / On-Site Resources / Staging Area Manager                                                                                                                        |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Operations Section Chief                                                                                                                                                                                                               |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICS 211 – Check-in<br>ICS 211E – Equipment Check-in<br>ICS 211P – Personnel Check-in<br>ICS 213RR – Resource Request Message<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>MISC 1 - Hand Off Document |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>Provide on-site leadership to response personnel and manage the implementation of tactical response operations. Ensure safety protocols are being maintained at all times. Life Safety takes priority.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                        |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                        |
| <p><input type="checkbox"/> If already on-site follow the seven emergency response steps upon discovery of an emergency:</p> <p><b>8. EVACUATE</b> - Get away from the hazard and direct others to a safe area.</p> <p><b>9. ALARM</b> - Alert others to the danger and situation.</p> <p><b>10. CALL FOR HELP</b>- Emergency services as required; your supervisor.</p> <p><b>11. ASSESS</b> - Assess hazards: do not rush in and endanger yourself. Account for all personnel.</p> <p><b>12. RESCUE</b> - Protect yourself at all times, use appropriate personal protective equipment (PPE). Remove casualty to a safe area, ensure medical aid has been called for and administer first aid as required.</p> <p><b>13. SECURE THE AREA</b> - Prevent unauthorized access. If possible, take steps to protect people, the environment and property.</p> <p><b>14. ACT AS INCIDENT COMMANDER</b> - Until relieved by the appropriate person.</p> <p><input type="checkbox"/> If dispatched to investigate:</p> <ul style="list-style-type: none"> <li>➤ Proceed with caution, wait for back-up if required and continuously monitor / check air in potentially toxic environments.</li> <li>➤ Approach the site from an upwind or crosswind direction.</li> <li>➤ Ensure all required personal protective equipment (PPE), i.e. Breathing apparatus, is at arm's reach or on your person.</li> <li>➤ Assume danger, resist the urge to rush in, inspect the site from a distance.</li> <li>➤ Maintain communication with the Incident Commander or supervisor if ERP has not been enacted.</li> </ul> <p><input type="checkbox"/> Assemble all site personnel.</p> <p><input type="checkbox"/> Call out First Line Emergency Services as required (Fire, Ambulance, Police).</p> <p><input type="checkbox"/> Assess hazards and potential risks. Determine the potential for the incident to escalate. Ensure you have an escape plan before proceeding</p> <p><input type="checkbox"/> Brief all site personnel, equip as required. Upon approvals from the Operations Section Chief a/o Incident Commander, take all appropriate actions (institute tactics) to <b>safely</b> regain complete control of the situation, shut-down, isolate, de-pressure or contain as per the Incident Action Plan (IAP). Ensure communications with site personnel is maintained throughout.</p> <p><input type="checkbox"/> Ensure method of communication, assigned tasks and safety protocols are understood between all on-site responders.</p> <p><input type="checkbox"/> Clear all non-essential personnel from the site and restrict access to authorized personnel only. Ensure Operations Section Chief or Incident Commander is aware of personnel who may be able to assist with response efforts beyond the incident site (e.g. roadblocks, roving, evacuation assistance, monitoring etc.).</p> <p><input type="checkbox"/> Identify and secure the perimeter of the hazardous area. Establish an On-Site Command Post in a safe location near the emergency.</p> |                                                                                                                                                                                                                                        |



| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
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| <b>4.8</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>ON-SITE BRANCH DIRECTOR</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Establish and maintain communications with Operations Section Chief, Incident Commander and Staging Area Manager, as applicable. Provide regular status updates and provide applicable information for the completion of the ICS 201 (Incident Briefing) Form and applicable provincial regulator reporting Forms.</li> <li><input type="checkbox"/> Establish and maintain communications with Site Safety and ensure all safety measures are being followed and steps are being taken to maximize responder safety..</li> <li><input type="checkbox"/> Define and prioritize critical issues to assist the Incident Commander in the establishment of the IAP. Allow the appropriate amount of time for the Planning Section Chief and Operations Section Chief to develop clear and safe on-site response actions.</li> <li><input type="checkbox"/> Confirm designated Level of Emergency and size of the Emergency Planning Zone (EPZ) and ensure all contacts are advised of the Level and the EPZ.</li> <li><input type="checkbox"/> Request any resources and equipment needed for on-site response actions through Operations Section Chief or Incident Commander, as applicable. Maintain communications with Staging Area Manager to ensure resources are dispatched / released to / from site as required.</li> <li><input type="checkbox"/> Ensure all response personnel entering the site have been briefed on all safe work protocols and potential hazards and know how to report any additional hazard or increase in severity they may encounter.</li> <li><input type="checkbox"/> Establish communication with any required on-site government agency representative(s) and provide supervision as required.</li> <li><input type="checkbox"/> For product releases continuously track product and if possible determine type and volume of product released. In a gas release incident, initiate air monitoring at the nearest occupied downwind surface development location. Once a Public Protection Branch Director has been assigned all air monitoring personnel will report to that position. Receive regular updates on any monitored readings.</li> <li><input type="checkbox"/> Continuously monitor the emergency to determine if Ignition Criteria has been met (see Section 5 for ignition criteria).</li> <li><input type="checkbox"/> In situations where ignition may be required, with the assistance of the Operations Section Chief and/or Incident Commander, proactively assemble and equip and ignition team (with back-up) and place on stand-by and review ignition procedures, so ignition can occur immediately after the decision to ignite has been made.</li> <li><input type="checkbox"/> If time permits, the decision to ignite should be made in consultation with the Operations Section Chief, Incident Commander and Oil &amp; Gas Regulating Authority. If time does not allow for consultation based on the ignition criteria, the On-Site Branch Director has full authority to initiate ignition of the release.</li> <li><input type="checkbox"/> Participate in Operations Section briefings.</li> <li><input type="checkbox"/> For events that impact Harvest assets not caused by operations (e.g. Wildfire, Natural Disasters, Civil Unrest, etc.), secure site as able and provide public protection orders to on-site personnel.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. And conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> In consultation with the Operations Section Chief and/or Incident Commander discuss if there are appropriate controls in place to downgrade or call off the emergency level.</li> <li><input type="checkbox"/> De-brief onsite crews and de-mobilize as required.</li> <li><input type="checkbox"/> Ensure site is maintained in an undisturbed state for investigation personnel.</li> <li><input type="checkbox"/> Support remediation and clean-up activities upon completion of any pending investigations.</li> <li><input type="checkbox"/> Continue to ensure safety procedures and protocols are maintained by on-site personnel.</li> <li><input type="checkbox"/> If required, ensure all personnel and equipment are decontaminated before leaving the site or staging area.</li> <li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li> <li><input type="checkbox"/> Gather all on-site documentation and forward to Operations Section Chief or Incident Commander.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |



| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                |
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| <b>4.9 SITE SAFETY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Contract Safety Company / or Alternate                                                                                                                         |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | On-Site Branch Director / On-Site Resource(s) / Safety Officer                                                                                                 |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | On-Site Branch Director                                                                                                                                        |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ICS 208 – Safety Message / Plan<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215A – Incident Action Plan Safety Analysis |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>Establish check-point for incoming / outgoing response personnel to location.</li> <li>Ensure all required certifications / tickets are current and in order.</li> <li>Provide site orientations to personnel accessing site.</li> <li>Monitor on-site safety requirements as established by the Safety Officer, and ensure they are being adhered to.</li> <li>Correct or discontinue un-safe work at site.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the On-Site Command Post, sign ICS 211P Personnel Check-In Form, report to the On-Site Branch Director and obtain an incident briefing. Site Safety may already be on location in construction, drilling, completion, workover and/or servicing operations.</li> <li><input type="checkbox"/> Assess the situation, identifying current and potential responder safety hazards and risks (both on-going and as a result of the incident). Correct / stop unsafe behaviour immediately and notify On-Site Branch Director and/or Operations Section Chief of all safety concerns.</li> <li><input type="checkbox"/> Ensure required PPE is available and being used properly by all personnel on-site.</li> <li><input type="checkbox"/> Administer First-Aid and on-going care as required and maintain records of services performed. In situations that require the response of first line emergency services (Fire / Ambulance / Police), ensure they have been notified and dispatched.</li> <li><input type="checkbox"/> Ensure any required rescue operations are underway, if safe to do so. Confirm rescue crews are sufficiently qualified to carry out rescue procedures and are properly equipped (i.e. breathing apparatus).</li> <li><input type="checkbox"/> Establish communications with Safety Officer and discuss your assessment of the site and site safety observations. Obtain a copy of the Safety Message / Plan (ICS 208 Form) and Incident Action Plan Safety Analysis (ICS 215A Form), as applicable. Ensure responder actions and protocols identified in the Safety Plan are being observed by all personnel on site. Provide regular status updates to the Safety Officer and continue to provide ongoing hazard assessments.</li> <li><input type="checkbox"/> Conduct a head count and record all on-site personnel. Check-in/out all personnel entering or leaving the site and provide site and safety orientations. Ensure all required tickets and work permits are current and in order for work being asked to be conducted and confirm responders are fit for service.</li> <li><input type="checkbox"/> Monitor responders for signs of stress, fatigue, exposure. Demobilize and send for treatment as required.</li> <li><input type="checkbox"/> Manage and support medical response.</li> <li><input type="checkbox"/> Maintain all Harvest's safety protocols are being adhered to and that the following is in place:               <ul style="list-style-type: none"> <li>Adequate lighting</li> <li>First Aid kits, burn kits and eye wash stations</li> <li>Only intrinsically safe devices (e.g. radios) are being used. No cellphones, cameras or other electronics in designated hazardous areas</li> <li>Proper grounding and bonding procedures adhered to</li> <li>Access / Egress routes are maintained as clear at all times</li> <li>All required environmental monitoring is being maintained throughout the emergency (e.g. air, water etc.)</li> <li>Working alone protocols, specific to response, are understood and adhered to</li> </ul> </li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. And conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                                                                                |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                    |
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| <b>4.9</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>SITE SAFETY</b> |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                    |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure site is maintained in an undisturbed state for investigation personnel.</li><li><input type="checkbox"/> Support remediation and clean-up activities upon completion of any pending investigations.</li><li><input type="checkbox"/> Continue to ensure safety procedures and protocols are maintained by on-site personnel.</li><li><input type="checkbox"/> Ensure safety plan is in place for demobilization.</li><li><input type="checkbox"/> If required, ensure all personnel and equipment are decontaminated before leaving the site or staging area.</li><li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li><li><input type="checkbox"/> Gather all on-site documentation and forward to On-Site Branch Director or Operations Section Chief.</li><li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li></ul> |                    |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
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| <b>4.10 ON-SITE GROUP SUPERVISOR(S) / ON-SITE RESOURCES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | As assigned or called out based on response requirements                 |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | On-Site Branch Director / On-Site Group Supervisor(s) and Resource(s)    |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | On-Site Branch Director                                                  |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |
| <ul style="list-style-type: none"> <li>Tactical, on-site control and containment operations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |
| <input type="checkbox"/> As directed, proceed to the On-Site Command Post, sign ICS 211P Personnel Check-In Form, report to the On-Site Branch Director, obtain an incident briefing and receive / review assigned tasks to be performed.<br><input type="checkbox"/> Verify location where task(s) are to be performed and how to access the location. Ensure Muster Points are clearly understood.<br><input type="checkbox"/> Review Safety Message / Plan, understand site hazards, applicable access / egress routes and ensure safety measures as directed by Site Safety are adhered to.<br><input type="checkbox"/> Ensure types (radio, verbal, signals, visual signage etc.) of on-site communications are understood and you are properly equipped. Establish timeline to continually test radio communications and check-in procedures with both personnel reporting to you and your direct report.<br><input type="checkbox"/> Based on assigned tasks, ensure you and/or your team are trained, qualified, accredited, fit for service and have the appropriate equipment, including Personal Protective Equipment (PPE), to perform the job as assigned and in a safe manner.<br><input type="checkbox"/> Advise On-Site Branch Director of additional equipment or personnel required to complete the task.<br><input type="checkbox"/> Refuse assignment(s) you deem to be unsafe and stop any unsafe operations.<br><input type="checkbox"/> Working alone protocols, specific to response, are understood and adhered to, if applicable.<br><input type="checkbox"/> Continually assess hazards and risks while working and report any changes, near misses, incidents or significant events to the On-Site Branch Director and Site Safety. Discuss any modifications to work plan as required with the On-Site Branch Director.<br><input type="checkbox"/> Watch for signs of stress, fatigue and/or exposure. If you or your crew are experiencing any of these symptoms, discontinue work immediately and report to the On-Site Branch Director.<br><input type="checkbox"/> Investigate and report any facility or rig alarms to the On-Site Branch Director.<br><input type="checkbox"/> Rig site equipment failure and well control should be rectified as per pre-established operating protocols.<br><input type="checkbox"/> If the decision to ignite has been made, assist with site preparation as directed and ensure you muster to the designated location and report your arrival.<br><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. And conduct a formal handover of information and status of duties at shift change. |                                                                          |
| <b>Post Job / Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |
| <input type="checkbox"/> As able, ensure site is maintained in an undisturbed state for investigation personnel.<br><input type="checkbox"/> Sign out on ICS 211P Personnel Check-In Form and ensure you leave a contact number for any required follow-up.<br><input type="checkbox"/> If required, ensure all personnel and equipment are decontaminated before leaving the site or staging area.<br><input type="checkbox"/> Participate in and attend debrief sessions, as required.<br><input type="checkbox"/> Gather all on-site documentation and forward to On-Site Branch Director.<br><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                          |

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| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>4.11 PUBLIC PROTECTION BRANCH DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Lead Operator / Field Personnel / Contract Safety Company / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Operations Section Chief / Roadblock Personnel / Rover – Evacuation Personnel / Reception Centre Personnel / Telephoner Personnel / Environmental Monitoring Personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Operations Section Chief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 213RR – Resource Request Message<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 1 - Notification (Voluntary Evacuation) Message<br>PP 2 - Shelter-in-place Message<br>PP 3 - Evacuation Message<br>PP 4 - Emergency Evacuation Notice<br>PP 5 - Roadblock Checkpoint Record<br>PP 6 - Public Notification Record<br>PP 7 - Evacuee Registration Record<br>PP 8 - Expense Claim Form<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report<br>ENV 1 - Environmental Monitoring Record |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li>• Confirm Emergency Planning Zone (EPZ) with Operations Sections Chief or Incident Commander and assess public safety impacts.</li> <li>• Manage the isolation of the response area and execution of public protection measures.</li> <li>• Mobilize Roadblock, Rover-Evacuation, Reception Centre, Telephoner and Environmental Monitoring personnel as required to support public protection measures.</li> <li>• Provide updates of public protection to Operations Sections Chief or Incident Commander.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Operations Section Chief (or Incident Commander if Operations Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Confirm Location of Emergency, Level of Emergency and Emergency / Hazard Planning Zone (EPZ) size. Utilize ERP Map or transpose Emergency / Hazard Planning Zone to a map of the area and identify required public protection measures based on the incident type.</li> <li><input type="checkbox"/> In consultation with the Operations Section Chief and/or Incident Commander, identify required public protection measures and messages to be utilized based on the incident type, Level of Emergency, known Special Needs concerns and number of public impacted (including transients). These may include one or a combination of: notification of voluntary evacuation, shelter-in-place, evacuation, ignition, environmental monitoring and zone isolation. Alter public protection strategies as required based on changes to the incident, weather and/or monitoring results.</li> <li><input type="checkbox"/> Mobilize personnel to fill required public protection roles, provide briefing, confirm messaging to be delivered and dispatch to initiate their responsibilities. Utilize Logistics to procure personnel and/or solicit the assistance of the Local Authority and/or mutual aid groups, if required. Ensure all designated positions have appropriate PPE for that position.</li> <li><input type="checkbox"/> Ensure public protection measure begin with those most at risk (i.e. designated Special Needs, closest to the incident and/or immediately downwind).</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

| RESPONSE DUTIES (IMT Operations)       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| 4.11 PUBLIC PROTECTION BRANCH DIRECTOR |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Duties – Cont'd.                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/>               | When an EPZ is large in size, contains a large number of people and/or has geographic features that restrict movement throughout the EPZ, consider dividing the response zone into multiple manageable areas and assign required public protection response positions to each area. Be sure to identify each area with a unique identifier (e.g. "A", "B", etc.) for tracking purposes to ensure there is not a duplication of efforts by response personnel.                                                                                                                                                                                                                                          |
| <input type="checkbox"/>               | To maintain "span of control" of no more than 7 responders to 1 supervisor, assign group supervisors as required. These positions may include Roadblock Group Supervisor, Rover/Evacuation Group Supervisor, Environmental Monitoring Group Supervisor, Telephoner Group Supervisor, Reception Centre Group Supervisor.                                                                                                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/>               | Refer to Section 2.18 and 2.19 for a description of public protection measures and when they are required based on regulatory requirements.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/>               | Disseminate information as per Section 2.18 to the Public at the onset of and during an incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>               | All emergencies with EPZ's or hazard areas that extend beyond the Company's property require Roadblocks to isolate the area. Ensure method of communication between you and roadblock personnel is determined and understood and a check-in schedule has been established. Each roadblock should have a unique identifier to assist with tracking. Obtain authority to block a numbered highway from the provincial transportation authority and request roadblock assistance from the Local Authority or Police services. Notify Local Authority of any roadblocks required on municipal roads, and request assistance as required.                                                                   |
| <input type="checkbox"/>               | Rovers / Evacuation personnel are dispatched to: locate transients; deliver public protection messaging to identified transients and those within the EPZ that are not reachable by telephone; and provide evacuation assistance (may include transportation) to those who require it in situations where evacuation has been initiated.                                                                                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>               | Mobile public transportation, such as buses, in situations where a large number of people require transportation assistance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <input type="checkbox"/>               | In toxic gas release situations, Environmental (Air) Monitoring personnel are dispatched to monitor the nearest un-evacuated downwind surface development location to determine if ignition criteria has been met; Mobile Air Quality Monitoring Vans will be dispatched to track the direction, distance and toxicity of the gas plume. Additional monitoring may be required in areas with large numbers of people. Refer to Section 2.18 for further Environmental Monitoring details and requirements to assist in the development of a monitoring strategy. Ensure monitoring results are forwarded to the Operations Section Chief and/or Incident Commander and applicable government agencies. |
| <input type="checkbox"/>               | Assign Telephoners to deliver appropriate public protection message (Shelter-in-place, Voluntary Evacuation Notification and/or Mandatory Evacuation Notification) to members of the public within the EPZ that are known and have a contact phone number on file. Telephoners should be assigned at a ratio of one telephone for every 7 contacts to be made. Note: sample telephone scripts are located in the Forms Section 8.                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/>               | In events where evacuation is a chosen public protection measure, designate a Reception Centre outside of the emergency planning/hazard zone, confirm its availability and dispatch Reception Centre Representatives to the Centre to begin receiving evacuees. Ideally, the Reception Centre will be activated jointly with the Local Authority at a pre-designated location. Obtain regular updates on the status of evacuees.                                                                                                                                                                                                                                                                       |
| <input type="checkbox"/>               | If required for surveillance purposes or for notification (via loud hailer), request the services of a helicopter and/or All Terrain Vehicles (ATV) through the Operations Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>               | Monitor weather conditions and adjust public protection strategies as required to ensure public safety. Some examples of how weather would alter strategy would be: sheltering-in-place may be chosen over evacuation in an ice storm where roadways are treacherous for travel; wind direction shifts may alter the evacuation route communicated to evacuees to prevent exposure to a gas plume, etc..                                                                                                                                                                                                                                                                                               |
| <input type="checkbox"/>               | In situations that have the potential to extend beyond the calculated EPZ (based on monitoring results), coordinate transient surveys and/or notification of the public beyond the EPZ with the Local Authority.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
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| <b>4.11</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PUBLIC PROTECTION BRANCH DIRECTOR</b> |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                          |
| <input type="checkbox"/> If and emergency situation impacts a school directly or impacts school busing routes, designate a Telephoner to contact the applicable school board to inform them of the situation and how their normal course of operations may be affected. The school or school board will enact their emergency response plan as appropriate to ensure the safety of their students and staff.                                                                                                                                              |                                          |
| <input type="checkbox"/> To restrict entry to the designated hazard area, it may be necessary to obtain a Closure Order (“Fire Hazard Order” in Alberta or “Closure Order” in British Columbia) from the provincial Oil & Gas Regulator or request the Local Authority declare a state of local emergency. These official closures allow for the legal restriction of entry to an area. Closures of airspace are granted by NAV Canada by issuing a Notice To Airmen (NOTAM). NOTAM requests can be forwarded through the provincial Oil & Gas Regulator. |                                          |
| <input type="checkbox"/> If ignition has occurred continue with Air Quality monitoring and Public Protection Measures.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
| <input type="checkbox"/> In a Security related incident, develop a public safety strategy in consultation with the Operations Section Chief and/or Incident Commander utilizing the Corporate Security Management Plan.                                                                                                                                                                                                                                                                                                                                   |                                          |
| <input type="checkbox"/> Ensure impacted public are provided with regular updates.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |
| <input type="checkbox"/> Participate in Operations Section briefings.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for specific public protection positions are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                                                                                                                                                                                                 |                                          |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
| <input type="checkbox"/> Ensure any public protection commitments made are followed through on and outstanding concerns are addressed.                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |
| <input type="checkbox"/> Maintain security of the response zone until members of the public have been returned to their location.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |
| <input type="checkbox"/> Direct Reception Centre Representatives to distribute and collect Expense Claims Forms to evacuees as required. Ensure Expense Claims Forms are forwarded to Finance Section Chief for processing.                                                                                                                                                                                                                                                                                                                               |                                          |
| <input type="checkbox"/> Direct Telephoners and/or Reception Centre Representatives to provide an update to evacuees and all other contacts made (including transients). Ensure details are provided on safely returning to their location.                                                                                                                                                                                                                                                                                                               |                                          |
| <input type="checkbox"/> Assign personnel to assist members of the public in returning to their locations. After a toxic gas related event, surface development locations should be monitored for lingering gases before public is cleared to return. Ensure each returning evacuee is documented.                                                                                                                                                                                                                                                        |                                          |
| <input type="checkbox"/> If required, ensure all personnel and equipment are decontaminated before leaving the site or staging area.                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |
| <input type="checkbox"/> De-brief public protection personnel and de-mobilize as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |
| <input type="checkbox"/> Participate in and attend debrief sessions, as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |
| <input type="checkbox"/> Gather all documentation and completed Forms from direct reports and forward to Operations Section Chief or Incident Commander.                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |
| <input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |

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| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>4.12 ROADBLOCK GROUP SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Field Personnel / Contract Safety Company / or Alternate                                                                                                                                                                                                                                                                                                                                             |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Public Protection Branch Director / Roadblock Personnel                                                                                                                                                                                                                                                                                                                                              |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Public Protection Branch Director                                                                                                                                                                                                                                                                                                                                                                    |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP1 - Notification (Voluntary Evacuation) Message<br>PP 3 - Evacuation Message<br>PP 5 - Roadblock Checkpoint Record<br>ENV 1 - Environmental Monitoring Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>Supervise Roadblock personnel / teams to isolate the designated Emergency Planning Zone (EPZ).</li> <li>Collect public protection documentation and distribute to response organization as required to assist with public safety.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> To maintain “span of control” of no more than 7 responders to 1 supervisor, a Roadblock Group Supervisor may be designated when a large number of people are required under the supervision of the Public Protection Branch Director to support public protection measures.</li> <li><input type="checkbox"/> Ensure method of communication between you and roadblock personnel is determined and understood and a check-in schedule has been established. Each roadblock should have a unique identifier to assist with tracking.</li> <li><input type="checkbox"/> If designated, the Roadblock Group Supervisor will ensure the duties as listed for the Roadblock Team are followed and adhered to.</li> <li><input type="checkbox"/> Report all monitoring results, data collection, requests and required changes from the Roadblock Team to the Public Protection Branch Director throughout the emergency. All roadblock breaches and security / safety incidents should be reported to the Public Protection Branch Director immediately.</li> <li><input type="checkbox"/> Depending on the number of roadblocks required, the Roadblock Group Supervisor may occupy a designated roadblock position and fulfill the duties of that role in addition to the Supervisory role or in a situation with more than 7 roadblocks are required, manage the Roadblock Team without assuming a roadblock position role.</li> <li><input type="checkbox"/> Participate in Operations Section briefings as required.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Roadblock personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain security of the response zone until members of the public have been returned to their location.</li> <li><input type="checkbox"/> If required, ensure all personnel and equipment are decontaminated before leaving the site or staging area.</li> <li><input type="checkbox"/> Debrief roadblock personnel and de-mobilize as required.</li> <li><input type="checkbox"/> Ensure all roadblock equipment is accounted for and returned to designated storage location.</li> <li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li> <li><input type="checkbox"/> Gather all documentation and completed Forms from direct reports and forward to Public Protection Branch Director or Operations Section Chief.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                      |

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| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>4.13 ROADBLOCK TEAM(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Field Personnel / Contract Safety Company / or Alternate                                                                                                                                                                                                                                                                                                                                             |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Roadblock Group Supervisor / Incoming – Outgoing traffic                                                                                                                                                                                                                                                                                                                                             |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Roadblock Group Supervisor, if assigned or Public Protection Branch Director                                                                                                                                                                                                                                                                                                                         |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 1 - Notification (Voluntary Evacuation) Message<br>PP 3 - Evacuation Message<br>PP5 - Roadblock Checkpoint Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report<br>ENV 1 - Environmental Monitoring Record |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>Establish roadblock at designated location to isolate the Emergency Planning Zone.</li> <li>Complete Roadblock Checkpoint Form recording all incoming and outgoing traffic.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, report to the Public Protection Branch Director or Roadblock Group Supervisor if designated and obtain an incident briefing. Ensure you are aware of the public protection messaging being provided to members of the public within the EPZ for consistent messaging at the roadblock.</li> <li><input type="checkbox"/> Review ERP map and confirm designated location to set up roadblock and name (or unique identifier) of roadblock. If possible, set up roadblock at an intersection, driveway or approach to allow for the turn around of vehicles.</li> <li><input type="checkbox"/> Obtain name and contact number for Harvest's Information Officer from your supervisor to be provided to media representatives who may approach your roadblock looking for information. Do not answer any questions you are not authorized to answer but politely direct them to the Information Officer who will provide them with follow up information.</li> <li><input type="checkbox"/> Clarify location of Reception Centre if established, and determine directions to provide to evacuees on how to get to the Reception Centre from roadblock location.</li> <li><input type="checkbox"/> Ensure method of communication between you and Roadblock Group Supervisor and/or Public Protection Branch Director is determined and understood and a check-in schedule has been established.</li> <li><input type="checkbox"/> Obtain a Roadblock Kit, all applicable Forms, air monitoring equipment, communications devise and required PPE (including breathing apparatus if applicable). Proceed in a safe manner to the designated roadblock location.</li> <li><input type="checkbox"/> Once you have arrived at the designated roadblock location:               <ul style="list-style-type: none"> <li>○ Do not enter the EPZ or hazard area.</li> <li>○ Monitor the air quality and check that location is not on a low spot on the road and visible to oncoming traffic to ensure location is safe to establish the roadblock.</li> <li>○ Pull vehicle to side of the road with 4-way flasher illuminated.</li> <li>○ Make contact with supervisor and confirm you are okay to set up roadblock.</li> <li>○ Don a high-visibility reflective vest, if available.</li> <li>○ If available, set up contents of roadblock kit such as reflective triangles, flashing light, flares and barricade (do not block entire road to allow for egress from area and access for potential emergency responders).</li> </ul> </li> <li><input type="checkbox"/> Once roadblock has been set up:               <ul style="list-style-type: none"> <li>○ Periodically use air quality monitor to test for H<sub>2</sub>S, SO<sub>2</sub>, LEL and CO. Record any readings on Environmental Monitoring Record Form and report results to Supervisor. Ensure air monitor readings are taken in the event of a change in wind direction. Reposition roadblock location after consultation with supervisor if air monitoring readings dictate levels above the evacuation guidelines.</li> </ul> </li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                      |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| <b>4.13 ROADBLOCK TEAM(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
| <ul style="list-style-type: none"> <li>○ Stop all traffic from both directions, do not put yourself in harms way for vehicles traveling at high speed or unwilling to stop.</li> <li>○ Record as much information as possible, including the time of day and license plate number, on the Roadblock Checkpoint Record for both incoming and outgoing traffic. Provide information about evacuees leaving the area to Roadblock Group Supervisor or Public Protection Branch Director to forward to the Reception Centre Representatives so they know the evacuees are on-route and they can account for people who may have left the hazard area, but not yet reported to the Reception Centre.</li> <li>○ For members of the public who are not part of the response team that insist on travel within the hazard area beyond the roadblock, communicate the dangers and try to discourage them from entering the hazard area. Immediately report any person / vehicle that travels into the hazard area unauthorized to the Roadblock Group Supervisor and/or Public Protection Branch Director. Remember: unless a Closure Order or State of Local Emergency has been declared by the Local Authority, authority to physically stop someone from entering the area does not exist.</li> <li>○ If required, provide evacuees leaving the area with directions on how to get to the Reception Centre.</li> </ul> |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Monitor weather conditions and advise supervisor of any weather changes that will or may impact your ability to maintain the roadblock.</li> <li><input type="checkbox"/> Maintain roadblock position until instructed otherwise.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for roadblock personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Maintain roadblock(s) as a security perimeter post incident until directed to de-mobilize.</li> <li><input type="checkbox"/> Once directed, demobilize roadblock location. Collect all equipment and ensure the area is clean and left in the state you found it.</li> <li><input type="checkbox"/> Return any equipment, including roadblock kits, to its applicable storage location.</li> <li><input type="checkbox"/> Debrief with Roadblock Group Supervisor or Public Protection Branch Director. Attend other post-incident debriefs as requested.</li> <li><input type="checkbox"/> If required, ensure you and your equipment are decontaminated before leaving the site or staging area.</li> <li><input type="checkbox"/> Forward all documentation and completed Forms to Roadblock Group Supervisor or Public Protection Branch Director.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                              |  |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>4.14 ROVER / EVACUATION GROUP SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Field Personnel / Contract Safety Company / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Public Protection Branch Director / Rover - Evacuation Personnel                                                                                                                                                                                                                                                                                                                                                                                                           |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Public Protection Branch Director                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Establish roving zones within the designated Emergency Planning Zone (EPZ) and assign Rover – Evacuation personnel for each zone.</li> <li>Supervise Rover - Evacuation personnel / teams tasked with identifying public within the designated (EPZ) and evacuating them or providing appropriate public protection messaging.</li> <li>Collect public protection documentation and distribute to response organization as required to assist with public safety.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> To maintain “span of control” of no more than 7 responders to 1 supervisor, a Rover / Evacuation Group Supervisor may be designated when a large number of people are required under the supervision of the Public Protection Branch Director to support public protection measures.</li> <li><input type="checkbox"/> Ensure method of communication between you and Rover / Evacuation personnel is determined and understood and a check-in schedule has been established. Each Rover / Evacuation representative should have an assigned area that has been given a name or unique identifier to assist with tracking.</li> <li><input type="checkbox"/> As required, contact and dispatch transportation busing services for locations which have large numbers of people requiring evacuation assistance (e.g. community halls, public facilities, seniors homes etc.).</li> <li><input type="checkbox"/> If designated, the Rover / Evacuation Group Supervisor will ensure the duties as listed for the Rover / Evacuation Team are followed and adhered to.</li> <li><input type="checkbox"/> Report all monitoring results, data collection, requests and required changes from the Rover / Evacuation Team to the Public Protection Branch Director throughout the emergency. All security / safety incidents should be reported to the Public Protection Branch Director immediately.</li> <li><input type="checkbox"/> Depending on the number of Rover / Evacuation areas required, the Rover / Evacuation Group Supervisor may occupy a designated Rover area fulfill the duties of that role in addition to the Supervisory role or in a situation with more than 7 rover areas are required, manage the Rover / Evacuation Team without assuming a rover area.</li> <li><input type="checkbox"/> Participate in Operations Section briefings as required.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Rover / Evacuation personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Assign personnel to assist evacuees with return to their locations, as required.</li> <li><input type="checkbox"/> Debrief Roadblock / Evacuation personnel and de-mobilize as required.</li> <li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li> <li><input type="checkbox"/> Gather all documentation and completed Forms from direct reports and forward to Public Protection Branch Director or Operations Section Chief.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

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| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>4.15 ROVER / EVACUATION TEAM(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Field Personnel / Contract Safety Company / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rover - Evacuation Group Supervisor / Transients / Un-evacuated Surface Development Occupants                                                                                                                                                                                                                                                                                                                                                                               |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Rover / Evacuation Group Supervisor, if assigned or Public Protection Branch Director                                                                                                                                                                                                                                                                                                                                                                                       |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ICS 205 – Incident Radio Communications Plan / ICS 205A – Communications List<br>ICS 214 – Activity Log / ICS 214A – Individual Log / Time & Event Sheet<br>PP 1 - Notification (Voluntary Evacuation) Message<br>PP 2 - Shelter-in-place Message<br>PP 3 - Evacuation Message<br>PP 4 - Emergency Evacuation Notice<br>PP 6 - Public Notification Record<br>ENV 1 - Environmental Monitoring Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Rove assigned zone within Emergency Planning Zone to identify transient activity, provide public protection messaging and assist with evacuation as requested / required.</li> <li>Complete Public Notification Record Form recording all contacts made within the EPZ.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, report to the Public Protection Branch Director or Rover / Evacuation Group Supervisor if designated and obtain an incident briefing. Ensure you are aware of the public protection messaging being provided to members of the public within the Emergency Planning Zone (EPZ) for consistent messaging and confirm the level of emergency.</li> <li><input type="checkbox"/> Obtain a copy of the ERP map, review map and confirm location of the emergency, size of EPZ, designated area you are being directed to travel, public you are to contact and their location and the required public protection messaging to be provided (Sample Notification (Voluntary Evacuation) Message; Shelter-In-Place Message; Evacuation Message; and Emergency Evacuation Message, are available in the Forms Section 8). If area has been named or provided a unique identifier, ensure you reference it in your communications.</li> <li><input type="checkbox"/> Obtain name and contact number for Harvest's Information Officer from your supervisor to be provided to media representatives you may encounter. Do not answer any questions you are not authorized to answer but politely direct them to the Information Officer who will provide them with follow up information.</li> <li><input type="checkbox"/> Clarify location of Reception Centre if established, and determine preferred evacuation routes to safety direct evacuees out of the area to the Reception Centre.</li> <li><input type="checkbox"/> Ensure method of communication between you and Rover / Evacuation Group Supervisor and/or Public Protection Branch Director is determined and understood and check-in protocols or schedule have been established.</li> <li><input type="checkbox"/> Obtain all applicable maps, forms, notices, air monitoring equipment, applicable identification, communications device and required PPE (including breathing apparatus if applicable).</li> <li><input type="checkbox"/> Proceed in a safe manner to your assigned rover area. Notify your supervisor that you have arrived and your exact location.</li> <li><input type="checkbox"/> Upon arrival at your designated rover area:             <ul style="list-style-type: none"> <li>○ Use air quality monitor to test for H<sub>2</sub>S, SO<sub>2</sub>, LEL and CO. Record any readings on Environmental Monitoring Record Form and report results to Supervisor. Maintain personal safety at all times. Back away from the area and do not proceed if air monitoring readings are above evacuation criteria or above safety operating parameters. When safe to do so, contact your supervisor and develop a plan on how to safely proceed. Take air monitoring reading throughout your assignment and ensure air monitor readings are taken in the event of a change in wind direction.</li> </ul> </li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |



| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
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| <b>4.15 ROVER / EVACUATION TEAM(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <ul style="list-style-type: none"> <li>○ Begin to patrol your designated area and locate all members of the public. Check all possible locations for people including sheds, barns, garages, shops cabins, residences, business locations, RV’s, vehicles, etc.</li> <li>○ Ensure you maintain security while at a location.</li> <li>○ Deliver appropriate public protection messaging to all people you encounter.</li> <li>○ Where evacuation is the determined public protection method, ensure evacuees know the location of the Reception Centre and are provided with directions to the Reception Centre via the route determined to be safest.</li> <li>○ Provide evacuation assistance, as required. This may include people identified by Telephoner personnel as requiring evacuation or transportation assistance. If unable or not equipped to provide requested evacuation or transportation assistance, ask the occupants to Shelter-In-Place until assistance arrives. Contact your supervisor immediately to request assistance at the location.</li> <li>○ If providing transportation assistance and the travel time to the designated Reception Centre is excessive or many locations require assistance, contact your supervisor and ask that they set up a transfer point just outside of the EPZ where shuttle vehicles can be arranged to transport the remaining distance to the Reception Centre.</li> <li>○ Post a copy of the appropriate public protection message at all vacant locations. Posting should be left in a visible spot such as the door to residences, businesses, outbuildings etc. This would include vacant vehicles that may belong to transients (such as recreational users, hunters/trappers/outfitters, workers, etc.).</li> <li>○ Use “Public Notification Record” in Forms Section 8 to document each location visited and notification made.</li> <li>○ Once the EPZ has been cleared, if directed initiate transient survey or notifications beyond the EPZ (as coordinated by the local authority and the Public Protection Branch Director and/or Operations Section Chief).</li> </ul> <ul style="list-style-type: none"> <li>❑ Continue to liaison with supervisor throughout the emergency. Report back often so an accurate tracking of members of the public and their status can be maintained. Report all problems immediately.</li> <li>❑ Monitor weather conditions and advise supervisor of any weather changes that will or may impact your ability to carry out your duties or cause unsafe conditions for members of the public.</li> <li>❑ Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Rover / Evacuation personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> <p><b>Where Helicopter Roving is Required:</b></p> <ul style="list-style-type: none"> <li>❑ Maintain duties as listed above where able.</li> <li>❑ Ensure NOTAMs, no-fly zones and other dangerous areas are identified for the area and adhered to / avoided throughout the flight.</li> <li>❑ Ensure method of communication between you and Rover / Evacuation Group Supervisor and/or Public Protection Branch Director is determined and understood prior to take off.</li> <li>❑ As directed, public protection messaging should be delivered using a loud hailer.</li> <li>❑ The helicopter rover will travel in the helicopter to assist the pilot with aerial reconnaissance of the EPZ or designated flight area and deliver public protection messaging.</li> </ul> |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <ul style="list-style-type: none"> <li>❑ As directed, assist evacuees with return to their location(s), document each return. After toxic gas events, ensure air monitoring has deemed each location safe prior to allowing evacuees to return.</li> <li>❑ Return any equipment to its applicable storage location.</li> <li>❑ Debrief with Rover / Evacuation Group Supervisor or Public Protection Branch Director. Attend other post-incident debriefs as requested.</li> <li>❑ Forward all documentation and completed Forms to Rover / Evacuation Group Supervisor or Public Protection Branch Director.</li> <li>❑ Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |



| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                           |
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| <b>4.16 ENVIRONMENTAL MONITORING GROUP SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Contract Monitoring Company / Field Personnel / or Alternate                                                                                                                                                                                                              |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Public Protection Branch Director / Environmental Monitoring Personnel                                                                                                                                                                                                    |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Public Protection Branch Director                                                                                                                                                                                                                                         |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS 205 – Incident Radio Communications Plan / ICS 205A – Communications List<br>ICS 214 – Activity Log / ICS 214A – Individual Log / Time & Event Sheet<br>ENV 1 - Environmental Monitoring Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2- Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li>Supervise Environmental Monitoring personnel / teams tasked with tracking environmental contaminations as a result of the emergency situation.</li> <li>Collect monitoring results and distribute to response organization as required to assist with public and environmental protection.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                           |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> To maintain “span of control” of no more than 7 responders to 1 supervisor, an Environmental Monitoring Group Supervisor may be designated when a large number of people are required under the supervision of the Public Protection Branch Director to support public protection measures.</li> <li><input type="checkbox"/> Ensure method of communication between you and Environmental Monitoring personnel is determined and understood and a check-in schedule has been established. Each Environmental Monitoring Representative should be provided with clear directions on type of monitoring to be conducted (Air, Soil Sampling, Smoke Particulate Matter, etc.) and the exact area or location to conduct monitoring. In an H<sub>2</sub>S gas release event, air quality monitoring must occur downwind with priority being directed to the nearest unevacuated location. For an HVP event, monitoring must occur in whichever direction the plume is tracking with priority being directed to the nearest unevacuated location.</li> <li><input type="checkbox"/> If designated, the Environmental Monitoring Group Supervisor will ensure the duties as listed for the Environmental Monitoring Team are followed and adhered to.</li> <li><input type="checkbox"/> Report all monitoring results, data collection, requests and required changes from the Environmental Monitoring Team to the Public Protection Branch Director throughout the emergency. All security / safety incidents should be reported to the Public Protection Branch Director immediately. Also ensure monitoring data is being provided to applicable government agencies.</li> <li><input type="checkbox"/> Ensure all regulated public protection measures, based on environmental monitoring readings, are adhered to as per Section 2.18.</li> <li><input type="checkbox"/> Depending on the number of Environmental Monitoring personnel required, the Environmental Monitoring Group Supervisor may conduct the actual monitoring duties and fulfill the duties of that role in addition to the Supervisory role or in a situation with more than 7 Environmental Monitoring personnel are required, manage the Environmental Monitoring Team without assuming a monitoring position.</li> <li><input type="checkbox"/> Participate in Operations Section briefings as required.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Environmental Monitoring personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                                                                                                                                                                                           |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                           |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> If required, ensure all personnel and equipment are decontaminated before leaving the site or staging area.</li> <li><input type="checkbox"/> Debrief Environmental Monitoring personnel and de-mobilize as required.</li> <li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li> <li><input type="checkbox"/> Gather all documentation and completed Forms from direct reports and forward to Public Protection Branch Director or Operations Section Chief.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                           |

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| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              |
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| <b>4.17 ENVIRONMENTAL MONITORING TEAM(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Contract Monitoring Company / Field Personnel / or Alternate                                                                                                                                                                                                                 |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Environmental Group Supervisor                                                                                                                                                                                                                                               |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Environmental Group Supervisor, if assigned or Public Protection Branch Director                                                                                                                                                                                             |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ENV 1 - Environmental Monitoring Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li>Track environmental contamination (Gas plumb, liquid spills on land or water) and record levels of released product.</li> <li>Provide monitoring results to response organization to be used for shelter-in-place, evacuation, ignition and other response decisions.</li> <li>Complete Environmental Monitoring Record Form recording all readings.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, report to the Public Protection Branch Director or Environmental Monitoring Group Supervisor if designated and obtain an incident briefing.</li> <li><input type="checkbox"/> Obtain a copy of the ERP map, review map and confirm location of the emergency, size of EPZ, designated area / location you are being directed to monitor. If area has been named or provided a unique identifier, ensure you reference it in your communications.</li> <li><input type="checkbox"/> Confirm type of monitoring to be conducted (Air, Soil Sampling, Smoke Particulate Matter, etc.) and ensure required equipment is available and calibrated.</li> <li><input type="checkbox"/> Pre-determine with Environmental Monitoring Group Supervisor and/or Public Protection Branch Director, units of concentration above which should be reported immediately and any other situation that requires immediate reporting.</li> <li><input type="checkbox"/> Obtain name and contact number for Harvest's Information Officer from your supervisor to be provided to media representatives you may encounter. Do not answer any questions you are not authorized to answer but politely direct them to the Information Officer who will provide them with follow up information.</li> <li><input type="checkbox"/> Ensure method of communication between you and Environmental Monitoring Group Supervisor and/or Public Protection Branch Director is determined and understood and check-in protocols or schedule have been established.</li> <li><input type="checkbox"/> Obtain all applicable maps, forms, air / other monitoring equipment, applicable identification, communications device and required PPE (including breathing apparatus if applicable).</li> <li><input type="checkbox"/> Proceed in a safe manner to your assigned monitoring area. Notify your supervisor that you have arrived and your exact location.</li> <li><input type="checkbox"/> In a gas release event, hand held gas detection monitors will be utilized at all locations unless a stationary or mobile monitoring unit has been called out as per the monitoring plan or regulatory requirements.</li> <li><input type="checkbox"/> Upon arrival at your designated monitoring area: <ul style="list-style-type: none"> <li>o Maintain personal safety at all times.</li> </ul> </li> </ul> <p><b>Hand held gas detection units</b> (common locations dispatched to include: nearest unevacuated downwind location, location where large numbers of people may be present, roadblock locations, roving locations, at the site of the release and in the direction of the gas plume)</p> <ul style="list-style-type: none"> <li>o As directed, begin monitoring using a personal gas detection air quality monitor that has the ability to read H<sub>2</sub>S, SO<sub>2</sub>, LEL and CO.</li> </ul> |                                                                                                                                                                                                                                                                              |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
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| <b>4.17 ENVIRONMENTAL MONITORING TEAM(S)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <ul style="list-style-type: none"> <li>○ Record any readings on Environmental Monitoring Record Form and report results to Supervisor.</li> <li>○ Immediately report readings at or above regulated mandatory evacuation criteria or ignition criteria (see Section 2.18 and 5.2) to Environmental Monitoring Group Supervisor and/or Public Protection Branch Director.</li> <li>○ If Lower Explosive Limits (LEL) is detected, extinguish all sources of ignition and move upwind or cross-wind of the gas.</li> <li>○ If a H<sub>2</sub>S release has been ignited monitoring should be conducted for both H<sub>2</sub>S to SO<sub>2</sub></li> <li>○ Notify supervisor immediately if gas plume extends beyond the EPZ.</li> </ul> <p><b>Mobile Air Quality Monitoring Unit</b> (devices that have the ability to measure in part per billion)</p> <ul style="list-style-type: none"> <li>○ As directed, begin monitoring.</li> <li>○ Track the highest concentration of gas present in your designated area and track the gas plume to establish its reach.</li> <li>○ Record any readings on Environmental Monitoring Record Form and report results to Supervisor.</li> <li>○ Immediately report readings at or above regulated mandatory evacuation criteria or ignition criteria (see Section 2.18 and 5.2) to Environmental Monitoring Group Supervisor and/or Public Protection Branch Director.</li> <li>○ If a H<sub>2</sub>S release has been ignited monitoring should be conducted for both H<sub>2</sub>S to SO<sub>2</sub></li> <li>○ Notify supervisor immediately if gas plume extends beyond the EPZ.</li> <li>○ Sour gas releases from a manned operation (drilling, completions, workover or servicing) on a proximity critical sour well require two mobile air quality monitors. One to monitor the boundary of the urban density development and the second to track the plume.</li> </ul> <p><b>Spill Sampling on Soil and/or Water</b></p> <ul style="list-style-type: none"> <li>○ As directed, begin required environmental sampling.</li> <li>○ Determine the reach of the spill and type of product.</li> <li>○ If able determine amount of product spilled.</li> <li>○ Record any readings on Environmental Monitoring Record Form and report results to Supervisor.</li> </ul> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continue to liaison with supervisor throughout the emergency. Report back often and as agreed upon based on readings, so an accurate tracking of results can be utilized for planning purposes and regulatory reporting (to Oil &amp; Gas Regulator, Provincial and/or Federal Environmental Agencies, Local Authorities, and Provincial Health Authorities). Report all problems immediately. Do not report monitor reading to government agencies directly unless directed to do so by your supervisor.</li> <li><input type="checkbox"/> Monitor weather conditions and advise supervisor of any weather changes that will or may impact your ability to carry out your duties or impact monitoring results.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Rover / Evacuation personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> After toxic gas events, ensure air monitoring has deemed each location safe prior to allowing evacuees to return.</li> <li><input type="checkbox"/> Return any equipment to its applicable storage location.</li> <li><input type="checkbox"/> Debrief with Environmental Monitoring Group Supervisor and/or Public Protection Branch Director. Attend other post-incident debriefs as requested.</li> <li><input type="checkbox"/> Forward all documentation and completed Forms to Environmental Monitoring Group Supervisor and/or Public Protection Branch Director.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                            |
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| <b>4.18 TELEPHONE NOTIFICATION GROUP SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Field Personnel / Harvest Corporate Personnel / or Alternate                                                                                                                                                                                                                                               |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Public Protection Branch Director / Telephoners                                                                                                                                                                                                                                                            |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Public Protection Branch Director                                                                                                                                                                                                                                                                          |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 1 - Notification (Voluntary Evacuation) Message<br>PP 2 - Shelter-in-place Message<br>PP 3 - Evacuation Message<br>PP 6 - Public Notification Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Establish what surface developments are within the Emergency Planning Zone (listed within the site specific Emergency Response Plan) and assign to Telephoners to contact and provide public protection instructions as provided by the Incident Commander.</li> <li>Supervise Telephoners tasked with contacting surface developments and providing public protection messaging.</li> <li>Collect contact results and distribute to response organization as required to assist with public protection.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> To maintain “span of control” of no more than 7 responders to 1 supervisor, a Telephone Notification Group Supervisor may be designated when a large number of people are required under the supervision of the Public Protection Branch Director to support public protection measures.</li> <li><input type="checkbox"/> Ensure method of communication between you and Telephoner personnel is determined and understood and a check-in schedule has been established.</li> <li><input type="checkbox"/> If designated, the Telephone Notification Group Supervisor will ensure the duties as listed for the Telephoner Team are followed and adhered to.</li> <li><input type="checkbox"/> Based on the level of emergency, size of emergency planning/hazard zone and number of impacted public, utilize the ERP map to identify how many Telephoners are required to contact stakeholders and maintain a 7:1 contact to Telephoner ratio; determine in consultation with the Public Protection Branch Director what public protection message(s) will be delivered and to whom; determine safe directions to the Reception Centre for evacuees, if required; and develop a prioritized list for each Telephoner ensuring those with Special Needs, nearest to the incident and downwind are contacted first. Ensure Telephoners have all required information to successfully communicate with stakeholders before instructing them to initiate telephone calls.</li> <li><input type="checkbox"/> Mobilize Telephoner personnel as required.</li> <li><input type="checkbox"/> Develop public protection messaging using the sample Shelter-in place Message, Evacuation Message and Notification (Voluntary Evacuation) Message documents in the Forms Section 8.</li> <li><input type="checkbox"/> Ensure all stakeholders are identified and contacted. This would include residents, businesses, recreational facilities, trappers, guides/outfitters, grazing lease holders, school boards and other stakeholder identified in applicable site specific emergency response plans.</li> <li><input type="checkbox"/> Report all contact data, and status of calls to the Public Protection Branch Director throughout the emergency. All security / safety incidents should be reported to the Public Protection Branch Director immediately. Provide status of telephone contacts to applicable government agencies, as required.</li> <li><input type="checkbox"/> Depending on the number of Telephoner personnel required, the Telephone Notification Group Supervisor may conduct the actual phoning duties and fulfill the duties of that role in addition to the Supervisory role or in a situation with more than 7 Telephoner personnel are required, manage the Telephoner Team without assuming a phoner position.</li> <li><input type="checkbox"/> Participate in Operations Section briefings as required.</li> </ul> |                                                                                                                                                                                                                                                                                                            |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |
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| <b>4.18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>TELEPHONE NOTIFICATION GROUP SUPERVISOR</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Continue to liaison with supervisor throughout the emergency and ensure you are providing regular updates. Request any assistance that may be required.</li><li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Telephoner personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li></ul>                                                                                                   |                                                |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Direct Telephoners to notify all previous contacts of the call-down.</li><li><input type="checkbox"/> Debrief Telephoner personnel and de-mobilize as required.</li><li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li><li><input type="checkbox"/> Gather all documentation and completed Forms from direct reports and forward to Public Protection Branch Director or Operations Section Chief.</li><li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li></ul> |                                                |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |
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| <b>4.19 TELEPHONERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Field Personnel / Harvest Corporate Personnel / or Alternate                                                                                                                                                                                                                                               |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Telephone Notification Group Supervisor / Surface Development Contacts                                                                                                                                                                                                                                     |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Telephone Notification Group Supervisor, if assigned or Public Protection Branch Director                                                                                                                                                                                                                  |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 1 - Notification (Voluntary Evacuation) Message<br>PP 2 - Shelter-in-place Message<br>PP 3 - Evacuation Message<br>PP 6 - Public Notification Record<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Obtain contact list, telephone surface developments on that list and provide public protection messaging as approved by the Incident Commander.</li> <li>Complete Public Notification Record Form with results of telephone calls.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, report to the Public Protection Branch Director or Telephone Notification Group Supervisor if designated and obtain an incident briefing. Confirm the level of emergency.</li> <li><input type="checkbox"/> Ensure method of communication between you and Telephone Notification Group Supervisor and/or Public Protection Branch Director is determined and understood and a check-in schedule has been established.</li> <li><input type="checkbox"/> Review ERP map and size of EPZ. Ensure you confirm the location of the emergency.</li> <li><input type="checkbox"/> Obtain the following from the Telephone Notification Group Supervisor or Public Protection Branch Director: <ul style="list-style-type: none"> <li>○ List of Surface Developments and/or Stakeholders and their contact numbers you are being asked to contact (telephone ratio ideally is 7 contacts to 1 telephoner). This may include residences, business, industrial operators, trappers, guide/outfitters, grazing lease holders, schools/school boards and recreational areas etc. See Site Specific Emergency Response Plan, if available, for a complete listing in the area. Ensure list is prioritized so identified Special Needs locations, locations nearest the emergency or those downwind are being called first.</li> <li>○ Script of the message you are being asked to deliver. Confirm public protection message before making any telephone calls. Different parts of the emergency planning/hazard zone may receive different messaging.</li> <li>○ Location of Reception Centre if established, and established evacuation route(s) and directions to ensure those egressing the area do so in a safe manner.</li> <li>○ Harvest's 24 hour emergency number to be provided to those being called in the event they require immediate assistance.</li> <li>○ Your return contact number.</li> <li>○ Contact number to be used by the public to obtain updated information, if established.</li> <li>○ All applicable Forms to be used to track who has been contacted, what message has been provided and what their status is. See Forms Section 8.</li> <li>○ Obtain name and contact number for Harvest's Information Officer from your supervisor to be provided to media representatives who may contact you looking for information. Do not answer any questions you are not authorized to answer but politely direct them to the Information Officer who will provide them with follow up information.</li> </ul> </li> <li><input type="checkbox"/> Begin contacting those on your call list (as prioritized) and deliver the approved public protection message for each contact (this may include Voluntary Evacuation Notification, Shelter-in-place Notification or Evacuation Notification).</li> </ul> |                                                                                                                                                                                                                                                                                                            |



| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
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| <b>4.19</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TELEPHONERS</b> |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |
| <input type="checkbox"/> Confirm that message is understood and all instructions on how to proceed are understood (including using the designated evacuation route, if required).<br><input type="checkbox"/> If evacuation or transportation assistance is required, inform them to Shelter-in-place until assistance arrives. Immediately inform your supervisor of the request so they can dispatch Rover / Evacuation personnel to the location.<br><input type="checkbox"/> Document the status of each telephone contact on the Public Notification Record Form and ensure you notify your supervisor of those you have not been successful in contacting or those who require any further follow-up. Continue to call and re-call all assigned contacts (using all available numbers) until public protection message has been received or you have been directed to stand down.<br><input type="checkbox"/> If instructed to notify school boards, inform them of any evacuated areas and roadblocks that may impact their busing routes. If known, inform the school board of students who are impacted as their residence is within the emergency planning/hazard zone and request the school board enact their emergency response plan to ensure the students safety. Provide details on the location of the Reception Centre to the school board.<br><input type="checkbox"/> If those who have been provided with a Shelter-in-place message have indicated they wish to evacuate, inform them that Shelter-in-place is the safest protection measure at the time based on the emergency and that evacuation may be more hazardous than the requested Shelter-in-place.<br><input type="checkbox"/> Changes in the emergency situation, weather etc. may dictate a change to the public protection message being communicated. As directed, re-contact previous contacts with the updated messaging.<br><input type="checkbox"/> Ensure any commitments made to those contacted are followed up on in a timely manner or as agreed upon.<br><input type="checkbox"/> Maintain communications with those who are Sheltering-in-place and provide regular updates.<br><input type="checkbox"/> If a contact indicates they will evacuate to a location other than the Reception Centre, ensure you collect contact information for where they can be reached, so further communications can be carried out including a return to normal status.<br><input type="checkbox"/> Continue to liaison with supervisor throughout the emergency and ensure the Public Protection Branch Director is receiving regular updates. Request any assistance that may be required.<br><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Telephoner personnel are maintained. Conduct a formal handover of information and status of duties at shift change. |                    |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |
| <input type="checkbox"/> Notify all previous contacts of the call-down, and provide any instructions for the return to their location.<br><input type="checkbox"/> Ensure any commitments made are followed up on to close the loop with stakeholders.<br><input type="checkbox"/> Ensure all documentation is completed and consolidated.<br><input type="checkbox"/> Debrief with Telephone Notification Group Supervisor and/or Public Protection Branch Director. Attend other post-incident debriefs as requested.<br><input type="checkbox"/> Forward all documentation and completed Forms to Telephone Notification Group Supervisor and/or Public Protection Branch Director.<br><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |



| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                         |
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| <b>4.20 RECEPTION CENTRE GROUP SUPERVISOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Field Personnel / Local Authority ESS Personnel / or Alternate                                                                                                                                                                                          |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Public Protection Branch Director / Reception Centre Representatives                                                                                                                                                                                    |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Public Protection Branch Director                                                                                                                                                                                                                       |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 6 - Public Notification Record<br>PP 7 - Evacuee Registration Record<br>PP 8 - Expense Claim Form<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>Supervise Reception Centre Representatives tasked with receiving evacuees.</li> <li>Collect contact results and distribute to response organization as required to assist with public protection.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> To maintain “span of control” of no more than 7 responders to 1 supervisor, a Reception Centre Group Supervisor may be designated when a large number of people are required under the supervision of the Public Protection Branch Director to support public protection measures.</li> <li><input type="checkbox"/> Ensure method of communication between you and Reception Centre personnel is determined and understood and a check-in schedule has been established.</li> <li><input type="checkbox"/> If designated, the Reception Centre Group Supervisor will ensure the duties as listed for the Reception Centre Team are followed and adhered to.</li> <li><input type="checkbox"/> Based on the level of emergency, size of emergency planning/hazard zone and number of impacted public, utilize the ERP map to determine:               <ul style="list-style-type: none"> <li>Appropriate location for Reception Centre outside of the emergency planning zone.</li> <li>How many Reception Centre Representatives will be required.</li> <li>Local Authority to coordinate establishment of Reception Centre with.</li> </ul> </li> <li><input type="checkbox"/> Utilize the site specific emergency response plan for area, if available, or this ERP to obtain:               <ul style="list-style-type: none"> <li>A list of potential evacuees to be provided to Reception Centre Representatives for cross referencing with registered evacuees.</li> <li>Applicable Forms to be utilized at Reception Centre.</li> <li>Harvest’s 24 Hour emergency number to be communicated to evacuees, as required.</li> </ul> </li> <li><input type="checkbox"/> Make arrangements for entry to designated Reception Centre and coordinate set up with Local Authority if able.</li> <li><input type="checkbox"/> Mobilize Reception Centre personnel to designated Reception Centre and direct them to begin receiving evacuees, as required.</li> <li><input type="checkbox"/> Continually provide Reception Centre personnel with updates on situation to be communicated to evacuees.</li> <li><input type="checkbox"/> Obtain regular updates on the status of evacuee registered at the Reception Centre and forward to response organization to be used in planning.</li> <li><input type="checkbox"/> All security / safety incidents should be reported to the Public Protection Branch Director immediately. Provide status of evacuees to applicable government agencies, as required.</li> <li><input type="checkbox"/> Arrange for Expense Claim Forms to be forwarded to Finance / Administration Section for prompt processing.</li> <li><input type="checkbox"/> Arrange for refreshments to be available at the Reception Centre.</li> <li><input type="checkbox"/> In long term events, request the assistance of the Logistics Section to secure accommodation for evacuees as required.</li> </ul> |                                                                                                                                                                                                                                                         |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |
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| <b>4.20</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>RECEPTION CENTRE GROUP SUPERVISOR</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Depending on the number of Reception Centre personnel required, the Reception Centre Group Supervisor may conduct the actual Reception Centre duties and fulfill the duties of that role in addition to the Supervisory role or in a situation with more than 7 Reception Centre personnel are required, manage the Reception Centre Team without assuming a Reception Centre position.</li><li><input type="checkbox"/> Participate in Operations Section briefings as required.</li><li><input type="checkbox"/> Continue to liaison with supervisor throughout the emergency and ensure you are providing regular updates. Request any assistance that may be required.</li><li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Reception Centre personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li></ul> |                                          |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Direct messaging for Reception Centre personnel to provide evacuees.</li><li><input type="checkbox"/> Direct Reception Centre personnel to notify all evacuees of the call-down.</li><li><input type="checkbox"/> Debrief Reception Centre personnel and de-mobilize as required.</li><li><input type="checkbox"/> Participate in and attend debrief sessions, as required.</li><li><input type="checkbox"/> Gather all documentation and completed Forms from direct reports and forward to Public Protection Branch Director or Operations Section Chief.</li><li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li></ul>                                                                                                                                                                                                                                                                                                      |                                          |

| <b>RESPONSE DUTIES (IMT Operations)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                         |
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| <b>4.21 RECEPTION CENTRE REPRESENTATIVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                         |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Field Personnel / Local Authority ESS Personnel / or Alternate                                                                                                                                                                                          |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Reception Centre Group Supervisor                                                                                                                                                                                                                       |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Reception Centre Group Supervisor, if assigned or Public Protection Branch Director                                                                                                                                                                     |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 6 - Public Notification Record<br>PP 7 - Evacuee Registration Record<br>PP 8 - Expense Claim Form<br>MDA 1 - Preliminary Media Statement<br>MDA 2 - Media Inquiry Report |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>Gain access to identified Reception Centre, open and prepare to receive evacuees.</li> <li>Register evacuees and collect required information.</li> <li>Address immediate needs of evacuees.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, report to the Public Protection Branch Director or Reception Centre Group Supervisor, if designated, and obtain an incident briefing. Confirm the level of emergency.</li> <li><input type="checkbox"/> Ensure method of communication between you and Reception Centre Group Supervisor and/or Public Protection Branch Director is determined and understood and a check-in schedule has been established.</li> <li><input type="checkbox"/> Obtain the following from the Reception Centre Group Supervisor or Public Protection Branch Director:               <ul style="list-style-type: none"> <li>Anticipated list of Surface Developments and/or Stakeholders from the site specific ERP for area (if applicable) expected to register at the Reception Centre to be used as a cross reference against those registering at the Reception Centre.</li> <li>Information about the emergency (as approved) to be delivered to the evacuees.</li> <li>Harvest's 24 hour emergency number to be provided to those who choose to leave the Reception Centre.</li> <li>Details about any Blacksite webpages or contact numbers to be used by the evacuees to obtain updated information, if established.</li> <li>All applicable Forms including Evacuee Registration Record Form, and Expense Claim Form. See Forms Section 8.</li> <li>Obtain name and contact number for Harvest's Information Officer from your supervisor to be provided to media representatives who may contact you looking for information. Do not answer any questions you are not authorized to answer but politely direct them to the Information Officer who will provide them with follow up information.</li> </ul> </li> <li><input type="checkbox"/> Arrange for access to the designated Reception Centre and proceed to location. Upon arrival activate Reception Centre and prepare to begin receiving evacuees.</li> <li><input type="checkbox"/> Request supervisor liaison with Logistics Section to obtain additional supplies, stationary and assistance, as required</li> <li><input type="checkbox"/> Receive evacuees and utilize Evacuee Registration Record Form to document details about evacuees registering at the Centre. This will include not only who they are, but where they plan to go if they leave and how they can be contacted at that location; any issues and/or concerns they may have; and any immediate needs they may have (e.g. medical supplies).</li> <li><input type="checkbox"/> Always be courteous and remain calm. The situation may be stressful for evacuees, so reassure them that evacuation is in the best interest of overall public safety.</li> <li><input type="checkbox"/> Arrange for refreshments to be available at the Reception Centre.</li> </ul> |                                                                                                                                                                                                                                                         |

| RESPONSE DUTIES (IMT Operations)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
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| 4.21 RECEPTION CENTRE REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Address and assist with accommodation and food requirements for evacuees if emergency is expected to continue long term. Provide an Expense Claim Form to evacuees for reimbursement of expenses. Be clear, consistent and accurate on the emergency compensation policies and guidelines.</li> <li><input type="checkbox"/> Consider establishing a Status Board to post updates and provide information to evacuees. This may include media reports, company media statements and air monitoring data. Ensure all data has been approved for posting by the Public Protection Branch Director.</li> <li><input type="checkbox"/> Ensure Reception Centre security is maintained throughout the emergency.</li> <li><input type="checkbox"/> Provide regular status updates and maintain communications with the Reception Centre Group Supervisor or Public Protection Branch Director. Ensure any security, medical or media occurrences are communicated immediately.</li> <li><input type="checkbox"/> Direct all media enquiries to the Information Officer.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD) for evacuees, as required.</li> <li><input type="checkbox"/> School students in the care of the school and school board (including school transportation), will be dealt with in accordance with the schools emergency response plan. If known, provide updates to parents on the status of their children and attempt to re-unite families as quickly as possible.</li> <li><input type="checkbox"/> Ideally, the Reception Centre will be activated jointly by Harvest Operations Corp and the Local Authority. Be prepared to coordinate efforts with the Local Authority and work with the Health Authority and other supporting agencies, as required.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Reception Centre personnel are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure all registered evacuees are notified of the emergency downgrade or call-down.</li> <li><input type="checkbox"/> Provide any instructions and arrange for assistance for the return of evacuees to their location.</li> <li><input type="checkbox"/> Maintain Reception Centre security until location is officially closed and vacated.</li> <li><input type="checkbox"/> Collect any expense claims and forward to Finance / Administration Section Chief for processing.</li> <li><input type="checkbox"/> Ensure any commitments made are followed up on to close the loop with stakeholders.</li> <li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li> <li><input type="checkbox"/> Debrief with Reception Centre Group Supervisor and/or Public Protection Branch Director. Attend other post-incident debriefs as requested.</li> <li><input type="checkbox"/> Forward all documentation and completed Forms to Reception Centre Group Supervisor and/or Public Protection Branch Director.</li> <li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

| <b>RESPONSE DUTIES (IMT Planning)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>4.22 PLANNING SECTION CHIEF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Area Foreman / Lead Operator / Area Superintendent / Drilling & Completions Engineer / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Incident Commander / Resources Unit Leader / Documentation Unit Leader / Situation Unit Leader / Demobilization Unit Leader / Technical Leader – Specialists / Planning Support Lead                                                                                                                                                                                                                                                                                                                                                                                                 |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incident Commander                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICS 200 – Incident Action Plan Cover Sheet<br>ICS 201 – Incident Briefing<br>ICS 202 – Incident Objectives<br>ICS 203 – Organization Assignment<br>ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 207 – Incident Organization Chart<br>ICS 209 – Situation Status Summary<br>ICS 211 – Check-In<br>ICS 211E – Equipment Check-In<br>ICS 211P – Personnel Check-In<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet<br>ICS 230 – Meeting Schedule<br>ICS 234 – Work Analysis Matrix |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>• Develop and document the Incident Action Plan (IAP)</li> <li>• Manage the collection, evaluation, display and dissemination of incident information.</li> <li>• Organize, schedule and facilitate Incident Management Team meetings and briefings.</li> <li>• Assist Incident Commander and Operations Section Chief with identification / development of incident objectives, strategies and tactics.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> As directed, proceed to the Incident Command Post, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. <input type="checkbox"/> Assist Incident Commander with ICS 201 Incident Briefing Form if not already completed. This form defines the Incident Action Plan (IAP) for the first operational period. <input type="checkbox"/> In coordination with the Incident Commander and Section Chiefs, complete ICS 202 Incident Objectives. Ensure Incident Commander approves incident objectives. <input type="checkbox"/> Identify Planning Section support positions required. Assign personnel to these positions, as required. Assume the duties of each role until someone is designated to fill the position. <input type="checkbox"/> Direct Situation Unit Leader to develop, maintain, post and disseminate accurate situation reports and displays. <input type="checkbox"/> Ensure Resources Unit Leader establishes locations for all required check-in points and maintains resource and equipment status and tracking. <input type="checkbox"/> Direct Documentation Unit Leader to establish a document management process, including filing, for documentation generated to support the response. Ensure all applicable documentation and forms are being completed throughout the response organization and being submitted to the documentation unit. <input type="checkbox"/> Assess the need for technical specialists and subject matter experts and assigned as required. <input type="checkbox"/> Establish timeline for operational period(s), compile completed Forms and other information from applicable Sections Chief and Officers that form the Incident Action Plan. Ensure IAP is approved by the Incident Commander and distributed to the Incident Management Team for execution. Revise IAP as required. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| RESPONSE DUTIES (IMT Planning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
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| <b>4.22 PLANNING SECTION CHIEF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Assist operations with the completion of ICS 215 Operational Planning Worksheet and ICS 234 Work Analysis Matrix. Facilitate tactics development process.</li><li><input type="checkbox"/> Continually assess the successes and shortcomings from the previous operational periods as compared to established IAP for that period. Incorporate learnings in to IAPs for future operational periods.</li><li><input type="checkbox"/> Ensure Incident Management Team is apprised of any significant changes to the incident status.</li><li><input type="checkbox"/> Assist Operations Section Chief with the development of response strategies to meet the established incident objectives.</li><li><input type="checkbox"/> Facilitate planning cycle meetings and briefing utilizing ICS 230 Meeting Schedule form for guidance. This will include and Objectives, Strategy, Tactics, Planning and Operations meetings / briefings.</li><li><input type="checkbox"/> Ensure a demobilization plan has been developed and distributed accordingly to see the orderly and safe demobilization of all resources and equipment.</li><li><input type="checkbox"/> If required, request the Incident Commander solicit the help of a Planning Section Lead and other support personnel from head office from the Incident Director.</li><li><input type="checkbox"/> Provide periodic predictions on incident potential.</li><li><input type="checkbox"/> Determine 24 hour staffing requirements as applicable with the assistance of the Logistics Section.</li><li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li><li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li></ul> |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all documentation and forms are completed, consolidated, submitted / collected and filed.</li><li><input type="checkbox"/> Develop a Post-incident Action Plan. Ensure the Post-incident Action Plan is reviewed by the Safety Officer (if delegated) and approved by the Incident Commander.</li><li><input type="checkbox"/> Ensure all planning section responders are notified of the call down.</li><li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li><li><input type="checkbox"/> Organize files for creation of: final incident documentation package; regulatory reporting documents; and incident summary report.</li><li><input type="checkbox"/> Participate in post incident investigation. Recommend any corrective actions and communicate learning's.</li><li><input type="checkbox"/> Identify any personnel that could be psychologically impacted and forward to Incident Commander so that Critical Incident Stress Debriefing (CISD) can be conducted if required.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Commander.</li><li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

| <b>RESPONSE DUTIES (IMT Planning)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |
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| <b>4.23 RESOURCES UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                   |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | As assigned by Incident Commander or Planning Section Chief                                                                                                                                                                                                                                                                                                                                       |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Planning Section Chief / Planning Support Lead / Operations Section Chief / Staging Area Manager                                                                                                                                                                                                                                                                                                  |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Planning Section Chief                                                                                                                                                                                                                                                                                                                                                                            |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICS 202 – Incident Objectives<br>ICS 203 – Organization Assignment<br>ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 207 – Incident Organization Chart<br>ICS 211 – Check-In<br>ICS 211E – Equipment Check-In<br>ICS 211P – Personnel Check-In<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul style="list-style-type: none"> <li>• Maintain the status of all assigned resources at an incident.</li> <li>• Oversee the check-in of all resources.</li> <li>• Development and maintenance of a resource master list (all resources, including personnel and equipment).</li> <li>• Develop and maintain a status-keeping system indicating resources' status and current location.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                   |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, report to the Planning Section Chief (or Incident Commander if Planning Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Establish the check-in function utilizing ICS 211P Personnel Check-In Form to be signed by personnel reporting to all Command Posts (including the staging area) established for the emergency. Ensure you sign the Form and get personnel who arrived at the command post(s) prior to the check-in function being established to sign-in. The form should be easily identifiable and located outside of the command post or immediately inside the entrance to the command post to ensure personnel don't miss signing in and out. For multiple access points consider utilizing multiple ICS 211P Forms.</li> <li><input type="checkbox"/> In coordination with the Staging Area Manager or On-Site Branch Director (if staging area has not been established), establish a check-in function utilizing the ICS 211 Check-in Form to obtain details about the resources who are checking in; ICS 211E Equipment Check-In Form to obtain details about the equipment that has arrived to be deployed in the response; and ICS 211P Personnel Check-In to track the arrival and departures of personnel from the location.</li> <li><input type="checkbox"/> Regularly consolidate all check-in forms (from all check-in points) to create a resource summary of the status, location, current assignment and type of personnel and equipment participating in the response. All sections of the operational command may require this information for planning and/or accounting purposes. Provide resource summary / status reports to the Situation Unit Leader for posting and as requested.</li> <li><input type="checkbox"/> In consultation with each Staff Officer, Section Chief and Branch Director, prepare ICS 203 Organization Assignment Form and ICS 207 Incident Organization Chart to ensure details about personnel filling roles is known and maintained and the response hierarchy is established to guide communications. Provide these forms to the Planning Section Chief or Incident Commander for inclusion in the Incident Action Plan and to the Situation Unit Leader for posting.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                   |



| RESPONSE DUTIES (IMT Planning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
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| <b>4.23</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>RESOURCES UNIT LEADER</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Prepare ICS 204 Assignment List and ICS 204A Assignment List Attachment. Assemble team made up of Operations, Safety and Logistics to assist with the completion of the Forms. Also use completed forms ICS 202 Incident Objectives and ICS 215 Operational Planning Worksheet as guidance documents. The completed ICS 204 and ICS 204A will inform Division and Group supervisors of incident assignments.</li><li><input type="checkbox"/> Assist Operations Section Chief with the completion of ICS 215 Operational Planning Worksheet.</li><li><input type="checkbox"/> Attend meetings and briefings as required by the Planning Section Chief and planning cycle process.</li><li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure other Forms utilized are maintained throughout emergency. Conduct a formal handover of information and status of duties at shift change.</li></ul> |                              |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li><li><input type="checkbox"/> Debrief with Planning Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested.</li><li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.</li><li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |



| <b>RESPONSE DUTIES (IMT Planning)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |
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| <b>4.24 DOCUMENTATION UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | As assigned by Incident Commander or Planning Section Chief                                                                                                                                                                                                                                                                     |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Planning Section Chief / Planning Support Lead / CECC Documentation Leader                                                                                                                                                                                                                                                      |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Planning Section Chief                                                                                                                                                                                                                                                                                                          |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ICS 200 – Incident Action Plan Cover Sheet<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br><br>Documentation Unit Leader should be familiar with all forms listed in the Forms Section 8 of this ERP so they can anticipate required documentation they will manage and understand its contents. |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Physical preparation of Incident Action Plan.</li> <li>Development and maintenance of accurate, up-to-date incident file.</li> <li>Duplication services of documentation.</li> <li>Development and maintenance of filing system for incident files to be stored for legal, analytical and historical purposes.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                 |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Planning Section Chief (or Incident Commander if Planning Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Set up work space and ensure you have access to the following:               <ul style="list-style-type: none"> <li>○ Space to collect, organize and store incident files, forms and other documentation (both physical and electronic).</li> <li>○ Computer with all required hardware, software and connectivity.</li> <li>○ Photocopier.</li> </ul> </li> <li><input type="checkbox"/> Develop and communicate documentation protocols to the Incident Management Team (IMT).</li> <li><input type="checkbox"/> Establish a filing system for all documentation, forms and reports. Consult with Corporate Legal Council to ensure documentation policies are being followed and ensure documentation retrieval and maintenance requirements are being met. All electronically stored files and documentation should have restricted access to those identified by the Planning Section Chief in consultation with the Incident Commander.</li> <li><input type="checkbox"/> Obtain all completed forms to date.</li> <li><input type="checkbox"/> Collect completed forms ICS 202 Incident Objectives, ICS 203 Organization Assignment, ICS 204 Assignment List, ICS 204A Assignment List Attachment, ICS 205 Incident Radio Communication Plan (if applicable), ICS206 Medical Plan (if applicable), ICS 207 Incident Organization Chart and ICS 208 Safety Message / Plan. Complete the ICS 200 Incident Action Plan Cover Sheet and affix to forms listed to complete the Incident Action Plan (IAP). Submit completed IAP to Incident Commander for approval.</li> <li><input type="checkbox"/> Duplicate IAP and provide to Situation Unit Leader for posting.</li> <li><input type="checkbox"/> Review submitted documentation for accuracy (if able) and completeness. Notify applicable Section Chief of any errors or omissions.</li> <li><input type="checkbox"/> File all submitted forms, reports and other documentation.</li> <li><input type="checkbox"/> Ensure each section is completing and submitting documentation as required.</li> <li><input type="checkbox"/> Ensure information documented on temporary displays (white boards, smart boards etc.) are duplicated and submitted for filing.</li> <li><input type="checkbox"/> Provide duplication services as required and directed by Planning Section Chief and/or Incident Commander.</li> <li><input type="checkbox"/> Participate in briefing and planning meetings. Take meeting minutes.</li> <li><input type="checkbox"/> Provide regular status updates and maintain communications with the Planning Section Chief.</li> </ul> |                                                                                                                                                                                                                                                                                                                                 |

| RESPONSE DUTIES (IMT Planning)                                                                                                                                                                                                                                             |                                  |
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| <b>4.24</b>                                                                                                                                                                                                                                                                | <b>DOCUMENTATION UNIT LEADER</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                    |                                  |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure other Forms utilized are maintained throughout emergency. Conduct a formal handover of information and status of duties at shift change. |                                  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                       |                                  |
| <input type="checkbox"/> Ensure all documentation and forms are completed, consolidated, submitted and filed.                                                                                                                                                              |                                  |
| <input type="checkbox"/> Organize files for creation of final incident documentation package.                                                                                                                                                                              |                                  |
| <input type="checkbox"/> Debrief with Planning Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested.                                                                                                                                  |                                  |
| <input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.                                                                                                                                                                                  |                                  |

| <b>RESPONSE DUTIES (IMT Planning)</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>4.25 SITUATION UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                       | As assigned by Incident Commander or Planning Section Chief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                         | Planning Section Chief / Planning Support Lead / CECC Situation Unit Leader                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Planning Section Chief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ICS 201 – Incident Briefing<br>ICS 207 – Incident Organization Chart<br>ICS 209 – Situation Status Summary<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet<br>ICS 230 – Meeting Schedule<br>ICS 234 – Work Analysis Matrix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Potentially Useful Websites and Harvest files                                                                                                                                                                                                                                                                                                                                                                                                              | <ul style="list-style-type: none"> <li>Abacus Datagraphics<br/> <a href="http://www.abacusdatagraphics.com/home">http://www.abacusdatagraphics.com/home</a><br/>           (contact Harvest Emergency Management for Login ID and Password)</li> <li>Weather Channel<br/> <a href="https://weather.com">https://weather.com</a></li> <li>Environment Canada:<br/> <a href="https://www.canada.ca/en/services/environment/weather.html">https://www.canada.ca/en/services/environment/weather.html</a><br/>           Canadian Weather Radar<br/>           Weather (current and forecasted)<br/>           Air Quality Health Index</li> <li>Natural Resources Canada (NRCan):<br/> <a href="https://www.nrcan.gc.ca/home">https://www.nrcan.gc.ca/home</a><br/>           Earthquakes Canada<br/>           Canadian Wildfire Information System</li> <li>ERP Mapping:<br/>           S:\Environment, Health and Safety\Emergency Response\ERP Maps</li> </ul> |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Collection and processing of information to provide situation awareness for Incident Management Team.</li> <li>Posting of current status information, future projections of incident growth and intelligence information on maps and status boards.</li> <li>As required, mobilizes a Display Processor, Field Observer and/or Weather Observer for assistance in collection and display of information.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Planning Section Chief (or Incident Commander if Planning Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Begin collection and analysis of incident data as soon as possible.                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Complete ICS 209 Situation Status Summary Form from initial ICS 201 Incident Briefing form and other data collected. Display data as a Wall Chart in the Command Post. If Corporate Emergency Coordination Centre (CECC) has been established forward completed form to CECC Situation Unit Leader for posting in CECC. Update Form and Wall Chart in real time as situation develops and changes.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Request the assistance of Field Observers, Weather Observers and IT support from Planning Section Chief and coordinate with Operations Section Chief, as required.                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Ensure current Incident Objectives (ICS 234 Work Analysis Matrix Form may be used) and Incident Organization Chart are displayed as wall charts in the Command Post.                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| RESPONSE DUTIES (IMT Planning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
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| <b>4.25 SITUATION UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Obtain and display map(s), imagery and photographic services of the incident area and response zone. This may include ERP maps, Abadata or other GIS maps, facility schematics, etc.. If maps are not readily available, develop mapping as able and relevant.</li><li><input type="checkbox"/> From data collected and intelligence activities, develop predictions of the incident (growth or decline) or impacts to the incident (e.g. how weather may impact plume dispersion). Utilize these predictions to assist with the development of the ICS 201 Incident Briefing.</li><li><input type="checkbox"/> Distribute situation status information to response organization as required and requested.</li><li><input type="checkbox"/> Project on the wall, relevant websites and their data for the Incident Management Team (IMT) to utilize in the response.</li><li><input type="checkbox"/> Assist Planning Section Chief in the scheduling of meetings. Utilize ICS 230 Meeting Schedule Form to determine which meetings are required and use the completed form to communicate schedule.</li><li><input type="checkbox"/> Monitor current and projected weather.</li><li><input type="checkbox"/> Display ICS 215 Operational Planning Worksheet to be used for planning and also to display current and future resources deployed to the response.</li><li><input type="checkbox"/> Participate in Planning Cycle Meetings and conduct the situation briefing, as required.</li><li><input type="checkbox"/> Stream television news channel(s) local to incident to Command Post.</li><li><input type="checkbox"/> Assist Documentation Unit Leader as required and able.</li><li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Situation Unit Leader are maintained. Conduct a formal handover of information and status of duties at shift change.</li></ul> |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li><li><input type="checkbox"/> Debrief with Planning Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested.</li><li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.</li><li><input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |

| <b>RESPONSE DUTIES (IMT Planning)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
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| <b>4.26 DEMOBILIZATION UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                 |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | As assigned by Incident Commander or Planning Section Chief                                                                                                                                                                                                                     |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Planning Section Chief / Planning Support Lead                                                                                                                                                                                                                                  |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Planning Section Chief                                                                                                                                                                                                                                                          |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 207 – Incident Organization Chart<br>ICS 211 – Check-In<br>ICS 211E – Equipment Check-In<br>ICS 211P – Personnel Check-In<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Activated in large complex incidents to plan for the orderly, safe and cost-effective movement of personnel and equipment when they are no longer required for the incident response.</li> <li>Development of Incident Demobilization Plan.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Planning Section Chief (or Incident Commander if Planning Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout.</li> <li><input type="checkbox"/> Review incident resource records to determine the likely size and extent of demobilization effort and develop a resource matrix.</li> <li><input type="checkbox"/> Review activated Response Team and their associated tasks.</li> <li><input type="checkbox"/> Coordinate demobilization with Agency Representatives and applicable organizations.</li> <li><input type="checkbox"/> Monitor the on-going Operations Section resource needs.</li> <li><input type="checkbox"/> Identify surplus resources and probable release time.</li> <li><input type="checkbox"/> Develop an Incident Demobilization Plan which includes:               <ul style="list-style-type: none"> <li>o General Information</li> <li>o Responsibilities</li> <li>o Release priorities</li> <li>o Decontamination requirements</li> <li>o Release procedures</li> <li>o Supplier directory</li> <li>o Other directories (maps, instructions, etc.)</li> </ul> </li> <li><input type="checkbox"/> Distribute demobilization plan.</li> <li><input type="checkbox"/> Ensure that all sections / units understand their specific demobilization responsibilities.</li> <li><input type="checkbox"/> Provide status reports to appropriate requestors.</li> <li><input type="checkbox"/> Supervise execution of the Incident Demobilization Plan.</li> <li><input type="checkbox"/> Brief the Planning Section Chief on demobilization progress.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A.</li> <li><input type="checkbox"/> Ensure all documentation and Forms are maintained, completed and consolidated. Forward all documentation to the Documentation Unit Leader for filing.</li> <li><input type="checkbox"/> Debrief with Planning Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested.</li> </ul> |                                                                                                                                                                                                                                                                                 |

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| <b>RESPONSE DUTIES (IMT Planning)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
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| <b>4.27 TECHNICAL LEADER / SPECIALISTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | As assigned by Incident Commander or Planning Section Chief                 |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Planning Section Chief / Planning Support Lead / CECC Technical Specialists |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Planning Section Chief                                                      |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet    |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |
| <ul style="list-style-type: none"> <li>• Provide technical advice and support.</li> <li>• Support areas may include, but are not limited to:               <ul style="list-style-type: none"> <li>○ Environment (Land and water spill clean-up, air monitoring, toxicology, wildlife information and control, plume modelling, wildfire modelling, etc.)</li> <li>○ Engineering (Drilling, Completion, Production, Facilities, Integrity, etc.)</li> <li>○ Emergency Management</li> <li>○ IT/IS</li> <li>○ Legal</li> <li>○ Mapping</li> <li>○ Regulatory</li> <li>○ Safety</li> <li>○ Security</li> <li>○ Operations (source control and/or containment)</li> </ul> </li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Planning Section Chief (or Incident Commander if Planning Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. <input type="checkbox"/> Provide technical expertise and advise and/or specialized skill(s) to Command and General Staff to support response operations. <input type="checkbox"/> Identify any sensitive areas. <input type="checkbox"/> Assist in the development of the Objectives, Strategies, Tactics and Incident Action Plan, as required. <input type="checkbox"/> Research technical issues, obtain technical support from contract services and consultants as required and provide finding and make recommendations to decision makers. <input type="checkbox"/> Assist with liaison efforts to regulatory / government agencies if technical support is required. <input type="checkbox"/> Attend meetings and briefings, as required. <input type="checkbox"/> Attend press briefings and/or public meetings as needed for subject matter expertise. <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Conduct a formal handover of information and status of duties at shift change. |                                                                             |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                             |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated. <input type="checkbox"/> Debrief with Planning Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested. <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander. <input type="checkbox"/> Request Critical Incident Stress Debriefing (CISD), as required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>4.28 LOGISTICS SECTION CHIEF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                        |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Purchasing Personnel / Warehouse Personnel / or Alternate                                                                                                                                                                                                                                                                                                                              |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Incident Commander / Service Branch Director / Supply Branch Director / Communications Leader / Food Unit Leader / Medical Unit Leader / Supply Unit Leader / Facilities Unit Leader / Ground Support Unit Leader / Logistics Support Lead / Operations Section Chief / Planning Section Chief / Finance – Administration Section Chief                                                |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Incident Commander                                                                                                                                                                                                                                                                                                                                                                     |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 206 – Medical Plan<br>ICS 208 – Safety Message / Plan<br>ICS 213RR – Resource Request Message Form<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>• Procurement and mobilization of resources, personnel and supplies for use in the management and execution of incident response.</li> <li>• Track status and estimated time of arrival for ordered resources.</li> <li>• Manage span of control and divide the Logistics Section into a Service Branch (Communications, Medical &amp; Food) and Support Branch (Supply, Facilities &amp; Ground Support), if required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Determine initial and on-going logistics support (including Service and Support Branch organization and staffing levels) required for operations response in coordination with Incident Commander and/or Planning Section Chief. Adjust staffing as required based on incident progression.</li> <li><input type="checkbox"/> Designate personnel to Service Branch Director and Support Branch Director positions as required. Brief and set expectations for the position(s). Assume the duties of each role until someone is designated to fill the position.</li> <li><input type="checkbox"/> Manage the acquisition, delivery, storage, support and maintenance of communications, food, medical aid, personnel/equipment/resources, response facilities and ground support to supply tactical operations and the Incident Management Team (IMT). Assess on-going needs and make arrangement for those needs.</li> <li><input type="checkbox"/> Utilize Site Specific ERP for area, if available for a list of possible resource providers and their contact information.</li> <li><input type="checkbox"/> Ensure all procurements meet industry standards and safety requirements.</li> <li><input type="checkbox"/> Develop a resource ordering process with the assistance of the Finance Section, Services Branch Director and Support Branch Director, if assigned.</li> <li><input type="checkbox"/> Ensure all response sections are advised on the ordering process and the use of ICS 213RR Resource Request Message Form.</li> <li><input type="checkbox"/> Track status of current in-use resources, resources ordered and estimated time(s) of arrival. Complete Resource Summary portion of ICS 201 Incident Briefing Form.</li> <li><input type="checkbox"/> Obtain copy of Incident Action Plan (IAP) and determine required facilities to support the response.</li> <li><input type="checkbox"/> Ensure security of all resources, personnel and facilities is established and maintained throughout the response.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                        |

| RESPONSE DUTIES (IMT Logistics)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |
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| <b>4.28</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>LOGISTICS SECTION CHIEF</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Participate in the planning cycle for future operational periods and ensure additional resources required are accounted for and procured. Assist in the development of the ICS 215 Operational Planning Worksheet.</li><li><input type="checkbox"/> Participate in briefing and planning meetings.</li><li><input type="checkbox"/> Oversee the development of all plans completed by the Service and Support Branch.</li><li><input type="checkbox"/> Track progress of Service and Support Branch to support operations and planning scheduling.</li><li><input type="checkbox"/> Activate any Mutual Aid agreements as necessary to obtain required resources and services.</li><li><input type="checkbox"/> Determine 24 hour staffing requirements as applicable with the assistance of the Planning Section. Place additional resources on standby as necessary.</li><li><input type="checkbox"/> Request Logistics Support from Emergency Management Support Team (EMST) as required through Incident Commander to the Incident Director.</li><li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li><li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li></ul> |                                |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all required resources are available to support return-to-normal-operating recovery activities.</li><li><input type="checkbox"/> Ensure all Logistics Section responders and notified resource support personnel and organizations are notified of the call down</li><li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li><li><input type="checkbox"/> Debrief Services and Support Branch personnel. Participate in the Post-Incident Debrief.</li><li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.</li><li><input type="checkbox"/> Identify any personnel that could be psychologically impacted and forward to Incident Commander so that Critical Incident Stress Debriefing (CISD) can be conducted if required.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Commander.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |

| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
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| <b>4.29 SERVICES BRANCH DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                     | As assigned by Incident Commander or Logistics Section Chief                                                                                                                         |
| Key Communications                                                                                                                                                                                                                                                                                                                                                       | Logistics Section Chief / Communications Leader / Food Unit Leader / Medical Unit Leader / Operations Section Chief / Planning Section Chief                                         |
| Reports to                                                                                                                                                                                                                                                                                                                                                               | Logistics Section Chief                                                                                                                                                              |
| Forms                                                                                                                                                                                                                                                                                                                                                                    | ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 206 – Medical Plan<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>Supervises the development plans and mobilization of required communications, medical aid and food needs to support the response.</li> </ul>                                                                                                                                                                                      |                                                                                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                      |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Logistics Section Chief (or Incident Commander if Logistics Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. |                                                                                                                                                                                      |
| <input type="checkbox"/> Determine initial and on-going support (including Service Branch organization and staffing levels) required for operations response in coordination with Logistics Section Chief and Support Branch Director. Adjust staffing as required based on incident progression.                                                                        |                                                                                                                                                                                      |
| <input type="checkbox"/> Designate personnel to Service Branch positions as required. Brief personnel and set expectations for the position(s). Assume the duties of each role until someone is designated to fill the position.                                                                                                                                         |                                                                                                                                                                                      |
| <input type="checkbox"/> Prepare or provide input to ICS 205 Incident Radio Communications Plan and ICS 206 Medical Plan.                                                                                                                                                                                                                                                |                                                                                                                                                                                      |
| <input type="checkbox"/> Develop or participate in the development of communications, food and medical plans as required to support the response.                                                                                                                                                                                                                        |                                                                                                                                                                                      |
| <input type="checkbox"/> Participate in Logistics Section planning activities.                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                      |
| <input type="checkbox"/> Provide Service Branch updates to the Logistics Section Chief for communication to the Incident Management Team for updates and planning.                                                                                                                                                                                                       |                                                                                                                                                                                      |
| <input type="checkbox"/> Track progress of Service Branch to support operations and planning scheduling.                                                                                                                                                                                                                                                                 |                                                                                                                                                                                      |
| <input type="checkbox"/> Resolve any problems that may arise with service unit requests (e.g. unable to source services exactly as ordered/requested) with Operations Section.                                                                                                                                                                                           |                                                                                                                                                                                      |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Service Unit personnel are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                              |                                                                                                                                                                                      |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                      |
| <input type="checkbox"/> Ensure all required resources are available to support return-to-normal-operating recovery activities.                                                                                                                                                                                                                                          |                                                                                                                                                                                      |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.                                                                                                                                                                                                                                                                              |                                                                                                                                                                                      |
| <input type="checkbox"/> Debrief with Logistics Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested.                                                                                                                                                                                                                               |                                                                                                                                                                                      |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                              |                                                                                                                                                                                      |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |
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| <b>4.30 COMMUNICATIONS UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | As assigned by Logistics Section Chief or Services Branch Director                                                                                         |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Services Branch Director / Logistics Section Chief / Operations Section Chief / Planning Section Chief                                                     |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Services Branch Director                                                                                                                                   |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Development of plans for the effective use of incident communications equipment and facilities; installing and testing of communications equipment; supervision of the incident communications centre; distribution of communications equipment to incident personnel; and maintenance and repair of communications equipment.</li> <li>Sourcing, procurement and mobilization of required communications infrastructure.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                            |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Service Branch Director (or Logistics Section Chief if Service Branch Director has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. <input type="checkbox"/> Determine current communications infrastructure, including types of communication methods (phone, cellphone, satellite phone, radio, e-mail, reproduction services, IT systems, etc.), and what types personnel possess. <input type="checkbox"/> Develop a communications plan and source additional communications equipment, data management infrastructure and personnel to support, as required. Work with Operations Section Chief to ensure communication needs are met. Utilize ICS 205 Incident Radio Communications Plan and ICS 205A Communications List forms in the development of the communications plan and tracking of inventory. <input type="checkbox"/> Ensure communication systems and data management infrastructure are installed, tested and maintained, as required. <input type="checkbox"/> Ensure communication equipment and equipment use training is provided to response personnel, as per the ICS 205 Incident Radio Communications Plan. Maintain records on all communications equipment. <input type="checkbox"/> Develop contingency communications. <input type="checkbox"/> Obtain a list of Communication vendors, who may be able to provide required equipment and support, from the site specific emergency response plan for the area, if available. <input type="checkbox"/> Participate in tactical planning meetings with operations section to ensure communications needs are understood and appropriate communications infrastructure can be sourced as required. <input type="checkbox"/> Support the development and implementation of the Information Management Plan. <input type="checkbox"/> Establish base centres as required to support infrastructure plans. <input type="checkbox"/> Ensure IT support services are available as required at all response facilities and operations centres. <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Communications Leader are maintained. Conduct a formal handover of information and status of duties at shift change. |                                                                                                                                                            |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                            |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated. <input type="checkbox"/> Debrief with Services Branch Director and/or Logistics Section Chief. Attend other post-incident debriefs as requested. <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                            |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                        |
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| <b>4.31 FOOD UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                        |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                     | As assigned by Logistics Section Chief or Services Branch Director                                     |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Services Branch Director / Logistics Section Chief / Operations Section Chief / Planning Section Chief |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Services Branch Director                                                                               |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet                               |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                        |
| <ul style="list-style-type: none"> <li>Supply of food needs for the entire incident (Command Centres, Camps, Staging Areas, Tactical Response Locations).</li> </ul>                                                                                                                                                                                                                                                                                                     |                                                                                                        |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                        |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Service Branch Director (or Logistics Section Chief if Service Branch Director has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.                                                                                            |                                                                                                        |
| <input type="checkbox"/> Determine food and water requirements for each response location / facility based on the following: <ul style="list-style-type: none"> <li>Length of shift(s)</li> <li>Designated operational periods</li> <li>Remoteness of location</li> <li>Number of personnel at location</li> <li>Access to food preparation and storage supplies and equipment</li> <li>Weather conditions and how conditions may impact dietary requirements</li> </ul> |                                                                                                        |
| <input type="checkbox"/> Once requirements have been determined establish a meal plan outlining when, where and what meals/food will be provided.                                                                                                                                                                                                                                                                                                                        |                                                                                                        |
| <input type="checkbox"/> Source equipment, supplies, preparation personnel, distribution personnel and transportation services as required to feed personnel. Each location or facility may have differing circumstances that need to be considered. Request Supply Unit make all orders as required.                                                                                                                                                                    |                                                                                                        |
| <input type="checkbox"/> To best of ability and as able, provide well balanced meals. Ensure all health and safety requirements regarding food are maintained.                                                                                                                                                                                                                                                                                                           |                                                                                                        |
| <input type="checkbox"/> Maintain an accurate inventory and provide expense receipts to Finance / Administration Section.                                                                                                                                                                                                                                                                                                                                                |                                                                                                        |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                                                                                                                                                          |                                                                                                        |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                        |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |
| <input type="checkbox"/> Debrief with Services Branch Director and/or Logistics Section Chief. Attend other post-incident debriefs as requested.                                                                                                                                                                                                                                                                                                                         |                                                                                                        |
| <input type="checkbox"/> Provide all expense receipts and invoicing to Finance / Administration Section for processing.                                                                                                                                                                                                                                                                                                                                                  |                                                                                                        |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                                                                                              |                                                                                                        |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    |
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| <b>4.32 MEDICAL UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | As assigned by Logistics Section Chief or Services Branch Director                                 |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Services Branch Director / Logistics Section Chief / Operations Section Chief                      |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Services Branch Director                                                                           |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ICS 206 – Medical Plan<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |
| <ul style="list-style-type: none"> <li>• Development of medical plan used to obtain medical aid and transportation for injured or ill incident response personnel.</li> <li>• Preparation of medical reports and records as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Service Branch Director (or Logistics Section Chief if Service Branch Director has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Determine any medical response conducted prior to position being activated.</li> <li><input type="checkbox"/> Evaluate need for Medical Aid Stations to support the response, established and staff as required at strategic locations (e.g. staging area, on-site command post, camp, etc.). Obtain GPS coordinates of location(s) to support medical transportation services.</li> <li><input type="checkbox"/> Establish transportation routes to be used for the movement of injured personnel. Draft specific directions and GPS coordinates to be provided medical transportation services such as ground and air ambulance services.</li> <li><input type="checkbox"/> Determine hospitals and/or medical facilities that may support the response. Ensure contact information is known and available to support communications.</li> <li><input type="checkbox"/> Coordinate with Safety Officer, or medical specialist as required, to complete ICS 206 Medical Plan Form.</li> <li><input type="checkbox"/> Develop procedures for major medical emergency.</li> <li><input type="checkbox"/> Participate in Logistics Section planning activities; provide medical input for strategy development. Provide medical input to the Incident Management Team (IMT) to support the planning process.</li> <li><input type="checkbox"/> Support the Safety Officer in determining appropriate PPE for planned response tactics.</li> <li><input type="checkbox"/> Track patients as they move from incident location to medical aid station to transportation to care facility to disposition. Provide status reports to Logistics Section Chief and IMT.</li> <li><input type="checkbox"/> Provide liaison support between patient and medical facilities, as required.</li> <li><input type="checkbox"/> Monitor health aspects of incident personnel including excessive incident stress.</li> <li><input type="checkbox"/> Ensure security is maintained for the confidentiality of all medical records.</li> <li><input type="checkbox"/> Liaison with Finance / Administration Section and Subject Matter Experts (SMEs) from Corporate Human Resources to provide next-of-kin notification in personnel fatality incidents.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Medical Unit Leader are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                    |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li> <li><input type="checkbox"/> Debrief with Services Branch Director and/or Logistics Section Chief. Attend other post-incident debriefs as requested.</li> <li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                             |
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| <b>4.33 SUPPORT BRANCH DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                             |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As assigned by Incident Commander or Logistics Section Chief                                                                                                                                                                                                                                                |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Logistics Section Chief / Supply Unit Leader / Facilities Unit Leader / Ground Support Unit Leader / Operations Section Chief / Planning Section Chief                                                                                                                                                      |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Logistics Section Chief                                                                                                                                                                                                                                                                                     |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 208 – Safety Message / Plan<br>ICS 211E – Equipment Check-In<br>ICS 213RR – Resource Request Message Form<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>Supervises the development plans, procurement and mobilization of required supplies/resources/equipment, facilities and ground support.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                             |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Logistics Section Chief (or Incident Commander if Logistics Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. <input type="checkbox"/> Determine initial and on-going support (including Support Branch organization and staffing levels) required for operations response in coordination with Logistics Section Chief and Services Branch Director. Adjust staffing as required based on incident progression. <input type="checkbox"/> Designate personnel to Support Branch positions as required. Brief personnel and set expectations for the position(s). Assume the duties of each role until someone is designated to fill the position. <input type="checkbox"/> Develop or participate in the development of supply, facilities and ground support plans as required to support the response. <input type="checkbox"/> Participate in Logistics Section planning activities. <input type="checkbox"/> Provide Support Branch updates to the Logistics Section Chief for communication to the Incident Management Team for updates and planning. <input type="checkbox"/> Track progress of Support Branch to support operations and planning scheduling. <input type="checkbox"/> Resolve any problems that may arise with support unit requests (e.g. certain items or equipment ordered not available or on back order) with Operations Section. <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Support Unit personnel are maintained. Conduct a formal handover of information and status of duties at shift change. |                                                                                                                                                                                                                                                                                                             |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                             |
| <input type="checkbox"/> Ensure all required resources are available to support return-to-normal-operating recovery activities. <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated. <input type="checkbox"/> Debrief with Logistics Section Chief and/or Incident Commander. Attend other post-incident debriefs as requested. <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                             |

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| <b>4.34 SUPPLY UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | As assigned by Logistics Section Chief or Support Branch Director                                                                                                                                                                                                          |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Support Branch Director / Logistics Section Chief / Operations Section Chief / Planning Section Chief                                                                                                                                                                      |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Support Branch Director                                                                                                                                                                                                                                                    |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 208 – Safety Message / Plan<br>ICS 213RR – Resource Request Message Form<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>Ordering, receiving, processing and storing all incident related resources, supplies and personnel (including support items such as portable toilets, shower facilities, food handling units, etc. at off site facilities such as emergency operations centres).</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Support Branch Director (or Logistics Section Chief if Support Branch Director has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. <input type="checkbox"/> Determine supplies, resources, equipment (and quantity) ordered during reactive phase prior to position being activated. <input type="checkbox"/> Establish ordering procedures to maintain consistency and eliminate duplication of services. <input type="checkbox"/> Set up a filing system to maintain an orderly tracking system. <input type="checkbox"/> Assign personnel with ordering authority. <input type="checkbox"/> Order resources as requested on approved ICS 213RR Resource Request Message Form. <input type="checkbox"/> Utilize Forms, ICS 204 Assignment List; ICS 204A Assignment List Attachment; ICS 208 Safety Message / Plan; and ICS 215 Operational Planning Worksheet to cross reference anticipated and planned resources vs. requested order forms for resources. Report any discrepancies to the Support Branch Director or Logistics Section Chief for follow-up. <input type="checkbox"/> Arrange storage areas, and confirm location of staging area(s), as required for the dispatch of ordered resources. Ensure safety and security measures are in place at these locations. <input type="checkbox"/> Establish transportation routes to be used for the movement of resources. <input type="checkbox"/> Liaison with personnel tasked with receiving ordered resources (including Staging Area Manager) to confirm arrivals and departures and ensure schedules are being maintained. <input type="checkbox"/> Participate in Logistics Section planning activities. <input type="checkbox"/> Maintain inventory of supplies, equipment and personnel. <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Supply Unit Leader are maintained. Conduct a formal handover of information and status of duties at shift change. |                                                                                                                                                                                                                                                                            |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                            |
| <input type="checkbox"/> Ensure all required resources are available to support return-to-normal-operating recovery activities. <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated. <input type="checkbox"/> Debrief with Support Branch Director and/or Logistics Section Chief. Attend other post-incident debriefs as requested. <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                            |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |
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| <b>4.35 FACILITIES UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | As assigned by Logistics Section Chief or Support Branch Director                                                     |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Support Branch Director / Logistics Section Chief / Operations Section Chief / Planning Section Chief                 |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Support Branch Director                                                                                               |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICS 213RR – Resource Request Message Form<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       |
| <ul style="list-style-type: none"> <li>Set-up, maintenance and demobilization of all incident support facilities except staging areas (Incident Command Post, On-Site Command Post, Camps, and other facilities used to feed, house or sanitize response personnel).</li> <li>Establishment of security services as required at facilities.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Support Branch Director (or Logistics Section Chief if Support Branch Director has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Obtain copy of Incident Action Plan (IAP) and determine required facilities to support the response.</li> <li><input type="checkbox"/> Secure permission to utilize required facility locations and obtain access. Activate once facility has been set up and deemed operational. See Site Specific ERP for area, if applicable, for potential locations.</li> <li><input type="checkbox"/> Conduct pre and post occupancy inspections of the facility(s). Document conditions, damage and/or contamination. Ensure all identified response facilities are environmentally and structurally sound; have good accessibility; have sufficient parking; have required electrical and communications connectivity; appropriate safety features are in place (first aid kits, fire extinguishers etc.); and have sufficient sanitation / rest room facilities.</li> <li><input type="checkbox"/> Determine needs of each facility and send completed and approved ICS 213RR Resource Request Message Form to Supply Unit Leader for additional supplies as required.</li> <li><input type="checkbox"/> Prepare layout of each facility and set up as required. Consult with section chiefs as appropriate.</li> <li><input type="checkbox"/> Ensure all facilities with food and accommodation services meet provincial health and safety regulations. Facilities that offer accommodation require sufficient shower services.</li> <li><input type="checkbox"/> Account for potable and grey water requirements, ensure sufficient levels are maintained throughout occupancy.</li> <li><input type="checkbox"/> Manage all facility operations including access, security, sanitation (including rest rooms), maintenance, janitorial services, etc. Assign facility managers if required.</li> <li><input type="checkbox"/> Maintain inventory of supplies utilized at facility(s).</li> <li><input type="checkbox"/> Participate in Logistics Section planning activities.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                                       |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Demobilize facility(s)</li> <li><input type="checkbox"/> Ensure facility(s) are returned in as received or better condition.</li> <li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li> <li><input type="checkbox"/> Debrief with Support Branch Director and/or Logistics Section Chief. Attend other post-incident debriefs as requested.</li> <li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |

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| <b>RESPONSE DUTIES (IMT Logistics)</b>                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |
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| <b>4.36 GROUND SUPPORT UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                        |                                                                                                           |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                          | As assigned by Logistics Section Chief or Support Branch Director                                         |
| Key Communications                                                                                                                                                                                                                                                                                                                                                            | Support Branch Director / Logistics Section Chief / Operations Section Chief / Planning Section Chief     |
| Reports to                                                                                                                                                                                                                                                                                                                                                                    | Support Branch Director                                                                                   |
| Forms                                                                                                                                                                                                                                                                                                                                                                         | ICS 211E – Equipment Check-In<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |
| <ul style="list-style-type: none"> <li>• Support of out-of-service resources; transporting personnel, supplies, food and equipment; fueling, service, maintenance and repair of vehicles and other ground support equipment.</li> <li>• Implementation of Traffic Plan for the incident.</li> </ul>                                                                           |                                                                                                           |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Support Branch Director (or Logistics Section Chief if Support Branch Director has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. |                                                                                                           |
| <input type="checkbox"/> Develop and implement the Transportation Plan to support the movement of personnel, supplies, food and equipment.                                                                                                                                                                                                                                    |                                                                                                           |
| <input type="checkbox"/> Arrange for and activate fueling, maintenance and repair services (and designated locations to support) for ground resources.                                                                                                                                                                                                                        |                                                                                                           |
| <input type="checkbox"/> Ensure incident response roads are maintained to a level acceptable to accommodate required support vehicles.                                                                                                                                                                                                                                        |                                                                                                           |
| <input type="checkbox"/> Arrange for and provide transportation services (e.g. personnel buses, food transport vehicles, supply trucks, equipment delivery, etc.) as required and directed by the Support Branch Director or Logistics Section Chief.                                                                                                                         |                                                                                                           |
| <input type="checkbox"/> Liaison with Resource Unit Leader, to maintain an accurate inventory of support and transportation vehicles.                                                                                                                                                                                                                                         |                                                                                                           |
| <input type="checkbox"/> Track usage, including time, on all rented equipment. Provide data to Finance / Administration Section for use in processing invoicing.                                                                                                                                                                                                              |                                                                                                           |
| <input type="checkbox"/> Participate in Logistics Section planning activities.                                                                                                                                                                                                                                                                                                |                                                                                                           |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                                                               |                                                                                                           |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                          |                                                                                                           |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.                                                                                                                                                                                                                                                                                   |                                                                                                           |
| <input type="checkbox"/> Debrief with Support Branch Director and/or Logistics Section Chief. Attend other post-incident debriefs as requested.                                                                                                                                                                                                                               |                                                                                                           |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                   |                                                                                                           |

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| <b>RESPONSE DUTIES (IMT Finance / Administration)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |
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| <b>4.37 FINANCE / ADMINISTRATION SECTION CHIEF</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | As assigned by Incident Commander                                                                                                                                                                    |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Incident Commander / Time Unit Leader / Procurement Unit Leader / Compensation – Claims Unit Leader / Cost Unit Leader / Operations Section Chief / Planning Section Chief / Logistics Section Chief |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Incident Commander                                                                                                                                                                                   |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PP 8 – Expense Claim Form<br>ICS 214A – Individual Log / Time & Event Sheet                                                                                                                          |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>Management of all financial aspects of an incident (incident related costs, claims, time-tracking, compensation, vendor contracts)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Incident Commander and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Provide administrative support to the Incident Management Team (IMT) as required.</li> <li><input type="checkbox"/> Assign Subject Matter Experts (SMEs) to provide advice and recommendations on personnel matters, other human resources issues (e.g. next-of-kin notifications) and financial / accounting requirements.</li> <li><input type="checkbox"/> Designate personnel to Time Unit Leader, Procurement Unit Leader, Compensation – Claims Unit Leader and Cost Unit Leader positions as required. Brief and set expectations for the position(s). Assume the duties of each role until someone is designated to fill the position.</li> <li><input type="checkbox"/> Set up and maintain cost tracking processes to ensure accurate records of incident costs are being created.</li> <li><input type="checkbox"/> Administer necessary contracts for supplies, services and consultants.</li> <li><input type="checkbox"/> Ensure on-duty time for responders (Harvest and 3<sup>rd</sup> party) is recorded and time sheets collected. Communicate with Incident Commander all over-time hours being worked.</li> <li><input type="checkbox"/> Create emergency Authorization For Expenditure (AFE) and/or Purchase Orders (PO) to support required costs of the emergency response, if required. Ensure this information is communicated throughout the response organization as needed.</li> <li><input type="checkbox"/> Develop, administer and distribute field based cash accounts as required to support immediate out-of-pocket expenses.</li> <li><input type="checkbox"/> Ensure Reception Centre Representatives are aware of the claims process to be communicated to affected members of the public.</li> <li><input type="checkbox"/> Assist in the development of a resource ordering process with the Logistics Section Chief, Services Branch Director and Support Branch Director, if assigned.</li> <li><input type="checkbox"/> Participate in briefing and planning meetings. Be prepared to provide a cost analysis.</li> <li><input type="checkbox"/> Address and manage all legal issues and insurance claims as a result of the incident.</li> <li><input type="checkbox"/> Determine 24 hour staffing requirements as applicable with the assistance of the Planning Section. Place additional resources on standby as necessary.</li> <li><input type="checkbox"/> Request Finance / Administration Support from Emergency Management Support Team (EMST) as required through Incident Commander to the Incident Director.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                                                                                      |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure all required resources are available to support return-to-normal-operating recovery activities.</li> <li><input type="checkbox"/> Ensure all Finance / Administration Section responders and notified resource support personnel and organizations are notified of the call down</li> <li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li> <li><input type="checkbox"/> Participate in the Post-Incident Debrief.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                      |

| RESPONSE DUTIES (IMT Finance / Administration)                                                                              |                                               |
|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>4.37</b>                                                                                                                 | <b>FINANCE / ADMINISTRATION SECTION CHIEF</b> |
| <b>Post Incident – Cont’d.</b>                                                                                              |                                               |
| <input type="checkbox"/> Assemble response related cost summaries and prepare management summary report.                    |                                               |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander. |                                               |
| <input type="checkbox"/> Deactivate position once authorized by the Incident Commander.                                     |                                               |

| <b>RESPONSE DUTIES (IMT Finance / Administration)</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |
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| <b>4.38 TIME UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                  |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                   | As assigned by Incident Commander or Finance / Administration Section Chief                                                                                      |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                     | Finance – Administration Section Chief / Operations Section Chief / Planning Section Chief / Logistics Section Chief                                             |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                             | Finance / Administration Section Chief                                                                                                                           |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                  | ICS 211 – Check-In<br>ICS 211E – Equipment Check-In<br>ICS 211P – Personnel Check-In<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>Accurate recording of daily personnel time (including contractor personnel time) and ensuring compliance with time recording policies.</li> <li>Maintaining equipment time records.</li> </ul>                                                                                                                                                                  |                                                                                                                                                                  |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Finance / Administration Section Chief (or Incident Commander if Finance / Administration Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. |                                                                                                                                                                  |
| <input type="checkbox"/> Determine requirements for time reporting specific to incident. Time recording may maintain Harvest's normal processes or be adapted based on the complexity of the response.                                                                                                                                                                                                 |                                                                                                                                                                  |
| <input type="checkbox"/> Liaison with Resources Unit Leader or Planning Section Chief to obtain completed copies of the ICS 211 Check-In, ICS 211E Equipment Check-In and ICS 211P Personnel Check-In forms to cross reference against time sheets and contractor invoicing.                                                                                                                           |                                                                                                                                                                  |
| <input type="checkbox"/> Ensure management of any third party response provider is aware of time reporting requirements and is submitting time reports for every operational period.                                                                                                                                                                                                                   |                                                                                                                                                                  |
| <input type="checkbox"/> Communicate time reporting requirements to all Harvest personnel active in the response.                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |
| <input type="checkbox"/> Track and maintain time records for Stand-by, Travel, Actively Deployed, and Overtime hours separately. Ensure records are attached to personnel / equipment time documents. Each piece of equipment and vehicles should be individually identified and specific time records for each should be maintained.                                                                  |                                                                                                                                                                  |
| <input type="checkbox"/> Release time reports for responders and equipment to their respective Section Chief for confirmation of accuracy and approval prior to the responder and/or equipment being demobilized.                                                                                                                                                                                      |                                                                                                                                                                  |
| <input type="checkbox"/> Submit time reports to Cost Unit Leader.                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                  |
| <input type="checkbox"/> Maintain security of records and any private and confidential information.                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                                                                                        |                                                                                                                                                                  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |
| <input type="checkbox"/> Ensure all time reports are received prior to personnel and/or equipment being demobilized.                                                                                                                                                                                                                                                                                   |                                                                                                                                                                  |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |
| <input type="checkbox"/> Debrief with Finance / Administration Sections Chief and/or Incident Commander. Attend other post-incident debriefs as requested.                                                                                                                                                                                                                                             |                                                                                                                                                                  |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                            |                                                                                                                                                                  |

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| <b>RESPONSE DUTIES (IMT Finance / Administration)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |
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| <b>4.39 PROCUREMENT UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | As assigned by Incident Commander or Finance / Administration Section Chief                                          |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finance – Administration Section Chief / Operations Section Chief / Planning Section Chief / Logistics Section Chief |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Finance / Administration Section Chief                                                                               |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet                                             |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |
| <ul style="list-style-type: none"> <li>Management of all financial matters pertaining to vendor contracts, leases, rentals and fiscal agreements.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Finance / Administration Section Chief (or Incident Commander if Finance / Administration Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.</li> <li><input type="checkbox"/> Liaison with Logistics Section Chief and obtain a list of potential contractors and supply sources.</li> <li><input type="checkbox"/> Consult with Harvest field operations and Supply Chain Management to determine if potential response contractors and supply sources have a current and active agreement with Harvest. Ensure agreements are compliant with the incident finance guidelines.</li> <li><input type="checkbox"/> Notify Logistics Section Chief of any providers that do not have an active agreement in place with Harvest. In situations where unapproved vendors are required to support the response based on proximity to response, specialized services available, and quantity of providers required, or if a vendor has already been dispatched, begin establishing applicable contacts and agreements with vendors.</li> <li><input type="checkbox"/> Draft any applicable memoranda of understanding as required prior to the activation of a contract.</li> <li><input type="checkbox"/> Ensure all leases, rentals and land use agreements are in place for locations identified as required in the response.</li> <li><input type="checkbox"/> Resolve any disputes (to the level authorized), on contested contracts and agreements.</li> <li><input type="checkbox"/> Communicate any emergency AFE's and/or PO's established for the response to all vendors and service providers as applicable.</li> <li><input type="checkbox"/> Coordinate with the Compensation / Claims Unit Leader for processing of any claims.</li> <li><input type="checkbox"/> Screen all orders and purchases are processed for payment.</li> <li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.</li> </ul> |                                                                                                                      |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                      |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Ensure all issued agreements and contracts are signed and placed into effect, if not already do so.</li> <li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li> <li><input type="checkbox"/> Debrief with Finance / Administration Sections Chief and/or Incident Commander. Attend other post-incident debriefs as requested.</li> <li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |

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| <b>RESPONSE DUTIES (IMT Finance / Administration)</b>                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
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| <b>4.40 COMPENSATION / CLAIMS UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                         | As assigned by Incident Commander or Finance / Administration Section Chief                                                                |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                           | Finance – Administration Section Chief / Operations Section Chief / Planning Section Chief / Logistics Section Chief / Medical Unit Leader |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                   | Finance / Administration Section Chief                                                                                                     |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                        | ICS 206 – Medical Plan<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>PP 8 - Expense Claim Form            |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
| <ul style="list-style-type: none"> <li>• Investigation of all injury or illness claims.</li> <li>• Completion and submission of all forms required for compensation-for-injury through Workers' Compensation, Insurance Providers or other applicable agencies.</li> <li>• Creation and maintenance of injury and illness (as result of incident) file.</li> <li>• Acquisition of required witness statements obtained in writing</li> </ul> |                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                            |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Finance / Administration Section Chief (or Incident Commander if Finance / Administration Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency.                                       |                                                                                                                                            |
| <input type="checkbox"/> Coordinate with Safety Officer, Health & Safety Subject Matter Expert(s), and Medical Unit Leader, as required.                                                                                                                                                                                                                                                                                                     |                                                                                                                                            |
| <input type="checkbox"/> Review ICS 206 Medical Plan.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
| <input type="checkbox"/> Establish work area close to Medical Unit, investigate, review and process any potential claims cases. Coordinate with Procurement Unit Leader, if required.                                                                                                                                                                                                                                                        |                                                                                                                                            |
| <input type="checkbox"/> Obtain any witness statements as required or applicable.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                            |
| <input type="checkbox"/> Complete and submit all required claims forms to the applicable agency.                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                            |
| <input type="checkbox"/> Establish a filing system and ensure data is kept confidential in nature.                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                            |
| <input type="checkbox"/> Collect all Expense Claim Forms review for validity and process for payment.                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                                                                                                                              |                                                                                                                                            |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                            |
| <input type="checkbox"/> Continue to process and submit for payment any Expense Claim Forms.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                            |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |
| <input type="checkbox"/> Debrief with Finance / Administration Sections Chief and/or Incident Commander. Attend other post-incident debriefs as requested.                                                                                                                                                                                                                                                                                   |                                                                                                                                            |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                                                                  |                                                                                                                                            |

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| <b>RESPONSE DUTIES (IMT Finance / Administration)</b>                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |
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| <b>4.41 COST UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                   | As assigned by Incident Commander or Finance / Administration Section Chief                                          |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                     | Finance – Administration Section Chief / Operations Section Chief / Planning Section Chief / Logistics Section Chief |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                             | Finance / Administration Section Chief                                                                               |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                  | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet                                             |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |
| <ul style="list-style-type: none"> <li>• Provide all incident cost analysis and estimates.</li> <li>• Ensure proper identification of all equipment and personnel requiring payment.</li> <li>• Maintenance and storage of cost records.</li> </ul>                                                                                                                                                    |                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |
| <input type="checkbox"/> As directed, proceed to the Remote Command Post or Incident Command Post as appropriate, sign ICS 211P Personnel Check-In Form, report to the Finance / Administration Section Chief (or Incident Commander if Finance / Administration Section Chief has not been designated) and obtain an incident briefing. Continue to liaison with supervisor throughout the emergency. |                                                                                                                      |
| <input type="checkbox"/> Coordinate with all Section Chiefs to communicate cost reporting procedures and to obtain all cost reports for reconciliation.                                                                                                                                                                                                                                                |                                                                                                                      |
| <input type="checkbox"/> Collect and report all cost data.                                                                                                                                                                                                                                                                                                                                             |                                                                                                                      |
| <input type="checkbox"/> Develop incident cost summaries.                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      |
| <input type="checkbox"/> Provide cost estimates to the Planning Section.                                                                                                                                                                                                                                                                                                                               |                                                                                                                      |
| <input type="checkbox"/> Maintain all filing and record related to costs and ensure they are stored confidentially.                                                                                                                                                                                                                                                                                    |                                                                                                                      |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms utilized are maintained. Conduct a formal handover of information and status of duties at shift change.                                                                                                                                                        |                                                                                                                      |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |
| <input type="checkbox"/> Continue to process and report costs as applicable to the incident.                                                                                                                                                                                                                                                                                                           |                                                                                                                      |
| <input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.                                                                                                                                                                                                                                                                                                            |                                                                                                                      |
| <input type="checkbox"/> Debrief with Finance / Administration Sections Chief and/or Incident Commander. Attend other post-incident debriefs as requested.                                                                                                                                                                                                                                             |                                                                                                                      |
| <input type="checkbox"/> Forward all documentation and completed Forms to Planning Section Chief and/or Incident Commander.                                                                                                                                                                                                                                                                            |                                                                                                                      |

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| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>4.42 INCIDENT DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                  |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | EMST pre-designated personnel for role / Safety Advisor / or Alternate                                                                                                                                                                                                                                                                                                                           |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Incident Commander / Emergency Management Support Team (EMST) Leads                                                                                                                                                                                                                                                                                                                              |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Incident Commander                                                                                                                                                                                                                                                                                                                                                                               |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ICS 201 – Incident Briefing<br>ICS 202 – Incident Objectives (Completed by Planning Section)<br>ICS 207 – Incident Organization Chart<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>MDA 1 - Preliminary Media Statement<br>SEC 1 - Threatening Call / Bomb Threat Report<br>REG 5 - BC FORM D: Permit Holder Post Incident Report<br>MISC 1 - Hand Off Document |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>• Provide advice and support to Incident Commander and Incident Management Team (IMT).</li> <li>• Analyse the complexity of the incident and provide guidance to the Incident Commander as required to ensure incident objectives are being met.</li> <li>• Activation and management of Emergency Management Support Team (EMST) to support Incident Management Team (IMT) as requested by the Incident Commander. <b>“GET BIG FAST”</b>.</li> <li>• Notification of President / CEO and C-Level executives as required.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Receive notification of incident from Incident Commander, clarify incident information, record data, assess and analyze the situation.</li> <li><input type="checkbox"/> Ask the Incident Commander the following questions to ensure focus is on the overall emergency, not just tactical response and that regulatory requirements are being met. Offer to provide support where you feel it's appropriate.               <ol style="list-style-type: none"> <li>1. Have responder safety protocols been established? Are they being followed?</li> <li>2. Has the level of emergency been determined?</li> <li>3. What is the size of the emergency planning zone (EPZ)? Is there a public presence with the EPZ?</li> <li>4. What are the response objectives?</li> <li>5. Has the Incident Action Plan (IAP) been started / completed? What is the anticipated time of completion.</li> <li>6. Have applicable regulator(s) and government agencies been notified?</li> </ol> </li> <li><input type="checkbox"/> From communications with Incident Commander, assess hazards and risks to responders and members of the public and determine any support requirements needed from the Emergency Management Support Team (EMST).</li> <li><input type="checkbox"/> Ensure Harvest's three primary response objectives (Life Safety, Environmental Protection, Control and Containment) are guiding the response at all times.</li> <li><input type="checkbox"/> Supply advice and guidance to Incident Commander as required. Determine preferred method of communications and maintain communications with Incident Commander throughout the response.</li> <li><input type="checkbox"/> Access possible EMST support personnel list in Section 7, contact and activate required personnel to meet Incident Command requests. Resist the urge to do all tasks, delegate to others. <b>“GET BIG FAST”</b>. Ensure a span-of-control of between three (3) to seven (7) is maintained. Future operational periods and relief personnel should be considered. Utilize ICS 207 – Incident Organization Chart to record EMST personnel in occupied positions. Maintain communications with direct reports throughout the response.</li> <li><input type="checkbox"/> Establish Corporate Emergency Coordination Centre (CECC) in 10<sup>th</sup> floor boardroom at Harvest's Calgary offices or at Harvest's Sylvan Lake office as a back-up.</li> <li><input type="checkbox"/> Brief and assign tasks to EMST personnel upon their arrival at the Corporate Emergency Coordination Centre (CECC).</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                  |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>4.42 INCIDENT DIRECTOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> Determine any Site Specific emergency response plans (ERP) developed for the location of the incident and gain access to ERP(s) from Corporate Emergency Coordination Centre cabinet in the 10 <sup>th</sup> floor boardroom. In a security related event, refer to Harvest's Security Management Plan (SMP).                                                                                                           |  |
| <input type="checkbox"/> Confirm that adequate responder safety, public protection, environmental protection and security measures are in place.                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Obtain a copy of the ICS 201 – Incident Briefing, ICS 202 – Incident Objectives, confirmation of the Level of Emergency, and confirmation of the size of the Emergency Planning Zone (EPZ) (a.k.a. Emergency Hazard Area and Hazard Response Zone) from Incident Management Team.                                                                                                                                       |  |
| <input type="checkbox"/> Direct Safety Support Lead to develop and distribute any safety messaging as it applies to the EMST.                                                                                                                                                                                                                                                                                                                    |  |
| <input type="checkbox"/> As required, appoint a Planning Support Lead to ensure adequate incident documentation is being compiled, displayed and distributed (including Objectives and Incident Action Plan) in Corporate Emergency Coordination Centre (CECC).                                                                                                                                                                                  |  |
| <input type="checkbox"/> Direct Planning Support Lead to facilitate all EMST briefings, participate in all briefings at the EMST level.                                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> Assign Logistics Support Lead to arrange for procurement of all resources, equipment, supplies and food for EMST, if required.                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> Obtain emergency cost centres (communicate with Incident Commander) and assign Finance / Administration Support Lead as required to manage finances and administrative requirements.                                                                                                                                                                                                                                    |  |
| <input type="checkbox"/> Assign an Information Officer (Calgary based) to manage media relations, if requested from Incident Commander.                                                                                                                                                                                                                                                                                                          |  |
| <input type="checkbox"/> Document all actions, decisions, requests and contacts on the ICS 214A – Individual Log / Time & Event Sheet. As required, assign a personal scribe/administrative assistant to assist you throughout the response.                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Liaison with Harvest Operations Corp. President/CEO and notify him of situation and response actions to date. Establish and update timeline to ensure the President/CEO and C-Level Executives are receiving updates. The President will notify KNOC as applicable.                                                                                                                                                     |  |
| <input type="checkbox"/> If it's determined to establish Unified Command, participate as required.                                                                                                                                                                                                                                                                                                                                               |  |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <input type="checkbox"/> Once the situation improves, the decision to downgrade / stand-down the level of emergency is made by the Incident Commander in consultation with the Incident Director and applicable oil & gas regulator. The oil & gas regulator will consult with other government agencies as required or they see fit before indicating whether or not they feel downgrading or standing down the emergency level is appropriate. |  |
| <input type="checkbox"/> Ensure all responders are notified of the call down.                                                                                                                                                                                                                                                                                                                                                                    |  |
| <input type="checkbox"/> Facilitate post incident debriefing for EMST and determine what worked well, areas for improvement, lessons learned and required actions resulting from the debrief.                                                                                                                                                                                                                                                    |  |
| <input type="checkbox"/> Ensure any commitments made (internal and external) during the response or as a result of the debrief are followed up on and the commitment is satisfactorily closed from both parties perspective.                                                                                                                                                                                                                     |  |
| <input type="checkbox"/> Participate in post incident investigation. Recommend any corrective actions and communicate learnings.                                                                                                                                                                                                                                                                                                                 |  |
| <input type="checkbox"/> Ensure the Planning Support Lead gathers and consolidates all documentation related to the incident and response from all EMST personnel. Forward all documentation to Incident Commander to complete all required incident investigations and reporting.                                                                                                                                                               |  |
| <input type="checkbox"/> In consultation with the Incident Commander, determine the need to source a Critical Incident Stress Management (CISM) assistance program for impacted parties.                                                                                                                                                                                                                                                         |  |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                            |
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| <b>4.43 SAFETY SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                            |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EMST pre-designated personnel for role / Safety Advisor / or Alternate                                                                                                                                                                                                                                     |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Incident Director / Safety Officer, if assigned / All response personnel through safety messages                                                                                                                                                                                                           |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Incident Director                                                                                                                                                                                                                                                                                          |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ICS 204A – Assignment List Attachment<br>ICS 206 – Medical Plan (Completed by Medical Unit Leader)<br>ICS 208 – Safety Message / Plan<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event<br>ICS 215 – Operational Planning Worksheet<br>ICS 215A – Incident Action Plan Safety Analysis |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li>• <b>Advise and support</b> the Safety Officer to maximize responder safety (on-site and public protection). Public protection measures are the responsibility of the IMT Public Protection Branch Director.</li> <li>• Maximize Emergency Management Support Team (EMST) responder safety.</li> <li>• Correct or discontinue unsafe situations as required.</li> <li>• Develop and deliver required safety messaging.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                            |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Safety Officer.</li> <li><input type="checkbox"/> <b>Advise and support</b> the Safety Officer in: <ul style="list-style-type: none"> <li>○ Identifying current and potential hazards and responder safety issues (including those as a result of a security issue), assist with development of ICS 208 Safety Message / Plan form, as required.</li> <li>○ Completion of ICS 215A – Incident Action Plan Safety Analysis.</li> <li>○ Ensuring environmental monitoring (air quality, toxicological, water quality etc.) is being conducted and that proper hazards are being accounted for and Personal Protective Equipment (PPE) is being utilized by responders to address the hazard.</li> <li>○ Review the Incident Action Plan with a focus on responder safety implications.</li> <li>○ Support with any responder injury incident investigation process.</li> </ul> </li> <li><input type="checkbox"/> Provide direction to Emergency Management Support Team (EMST) on response safety (with life safety being top priority). Make sure CECC safety concerns are known and understood. Stop or prevent all unsafe activities/acts.</li> <li><input type="checkbox"/> Provide the Emergency Management Support Team (EMST) an overview about on-site and public protection responder safety issues.</li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss current and potential hazards and unsafe conditions.</li> <li><input type="checkbox"/> Assist with completion of ICS 206 – Medical Plan, if requested.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-in Form.</li> </ul> |                                                                                                                                                                                                                                                                                                            |

**RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)**

**4.43 SAFETY SUPPORT LEAD**

**Post Incident**

- ☐ As required, continue to advise and support the Emergency Management Support Team (EMST) regarding measures for ensuring responder safety.
- ☐ Assist with preparation of safety plan (ICS 208 – Safety Message / Plan) for clean-up and remediation activities. Include considerations for Incident Stress care for those who may have been exposed to highly stressful situations as a result of the emergency response.
- ☐ Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.
- ☐ Participate in post incident investigation. Recommend any corrective actions and communicate learnings.
- ☐ Forward all data and forms related to and completed during the response to the CECC Documentation Unit Leader or Incident Director.
- ☐ Deactivate position once authorized by the Incident Director.



| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         |
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| <b>4.44 LIAISON SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                         |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | EMST pre-designated personnel for role / or Alternate                                                                                                                                                                                                                                   |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Incident Director / Liaison Officer, if assigned / Regulators / Government Agencies                                                                                                                                                                                                     |
| Reports To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Incident Director                                                                                                                                                                                                                                                                       |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>REG 1 - AB First Call Communication Form<br>REG 2 - AB Release Report<br>REG 3 - BC FORM A: Minor Incident Notification Form<br>REG 4 - BC FORM C: Emergency Incident Form<br>REG 7 - Wildfire Control Form |
| Contact Numbers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | In areas that maintain a Site Specific Supplemental ERP, government contact details will be listed in that supplement.                                                                                                                                                                  |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li>• <b>Advise and Support</b> the Liaison Officer to coordinate notifications/updates to industry regulators and government agencies based on the incident.</li> <li>• If advised by the Incident Director, act as point of contact for regulators and government agencies (both incoming and outgoing messaging) identified by the Liaison Officer of the IMT.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                         |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                         |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Liaison Officer.</li> <li><input type="checkbox"/> As requested, <b>support</b> the Liaison Officer in: <ul style="list-style-type: none"> <li>○ Reviewing “Government Contact Matrix” for applicable province in Section 2.1 and 2.4, determine which agencies have jurisdiction and require contact and assist in the completion of the required regulatory incident reporting forms (see potential forms listed above). Forward completed forms to applicable agencies as required.</li> <li>○ Notifying and communicating with government agencies. If you have been assigned agencies to communicate with ensure you are familiar with and following the Response Duties listed for the Liaison Officer.</li> <li>○ Continual updates and response requests to identified government agencies.</li> <li>○ Identifying affected contractors working for Harvest Operations Corp. Confirm whether the contractor’s head office has been or needs to be notified. Make contact if requested.</li> </ul> </li> <li><input type="checkbox"/> Ensure intended actions of the government agencies (eg. activation of EOC, intent to provide support as requested, public protection measures etc.) are known and communicated to the Incident Director and Liaison Officer immediately.</li> <li><input type="checkbox"/> Immediately advise the Incident Director and Liaison Officer of any outstanding questions or concerns raised by an agency and ensure their inquiries are responded to in a timely manner.</li> <li><input type="checkbox"/> In coordination with Liaison Officer, collect contact status and response activities of applicable government agencies and provide to CECC Situation Unit Leader for posting in Corporate Emergency Coordination Centre (CECC)</li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss current government agency involvement, including limitations and capability.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                                                                                                                                                                         |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |
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| 4.44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | LIAISON SUPPORT LEAD |
| Post Incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Assist Liaison Officer in ensuring all contacted government agencies are notified of the emergency call-down. Provide a contact number for any further follow-up required by the government agency(ies).</li><li><input type="checkbox"/> Assist Liaison Officer in ensuring all previous commitments made to government agencies are completed.</li><li><input type="checkbox"/> Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.</li><li><input type="checkbox"/> Participate in post incident investigation. Recommend any corrective actions and communicate learnings.</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the CECC Documentation Unit Leader or Incident Director.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Director.</li></ul> |                      |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                          |
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| <b>4.45 INFORMATION SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                          |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EMST pre-designated personnel for role / or Alternate                                                                                                                                                                                                                                                                                                                                                    |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Incident Director / Information Officer / Alternate Information Officer (Field Based) / Regulator Public Information Representative                                                                                                                                                                                                                                                                      |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Incident Director                                                                                                                                                                                                                                                                                                                                                                                        |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>MDA 1 - Preliminary Media Statement                                                                                                                                                                                                                                                                                          |
| Guidelines                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <ul style="list-style-type: none"> <li>• Return all calls promptly and courteously.</li> <li>• Restrict comments to facts, do not speculate.</li> <li>• Keep messages consistent, avoid technical details.</li> <li>• Cooperate with media, but ensure they are operating within the safe work procedures as identified by the incident.</li> <li>• Refer to media guidelines in Section 6.20</li> </ul> |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li>• <b>Advise and support</b> the Information Officer in the management of media correspondence throughout response (traditional media and social media); Responding to general public inquires; and, Providing Harvest stakeholders with incident related information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                          |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Information Officer and/or Assistant Information Officer.</li> <li><input type="checkbox"/> As requested, <b>support</b> the Information Officer in: <ul style="list-style-type: none"> <li>○ Identifying if any media involvement has already occurred and to what degree. Proactively assess media involvement and impact. Prepare and follow-up accordingly.</li> <li>○ Development of preliminary media statement (holding statement) utilizing the Preliminary Media Statement form.</li> <li>○ Collection of Technical details of the incident; External resources engaged; Environmental impacts; Public Safety impacts and current public protection measures; Worker safety; Received feedback or concerns; Things that may draw attention such as smoke, noise, roadblocks etc., to be used in the development of media statements.</li> <li>○ Communicating with oil and gas regulator to coordinate media releases.</li> <li>○ Setting a media schedule with media outlets where you determine when and how media releases will be delivered. Work with media outlets to ensure information conveyed is accurate.</li> <li>○ Establishing a black website as required to communicate with directly impacted members of the public.</li> <li>○ Managing incoming public inquires for members of the public not within the calculated emergency planning zone. Coordinate with Liaison Officer and Public Protection Branch Director to ensure consistent messaging is being delivered.</li> <li>○ Monitoring Social Media sites and establishing social media communications protocols. Manage social media activity as directed.</li> <li>○ Ensuring employees not directly involved with response efforts are advised and keep informed on a regular basis.</li> </ul> </li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss current media involvements and media releases.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                          |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |
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| 4.45                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INFORMATION SUPPORT LEAD |
| Post Incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Assist Information Officer in preparing and distributing any required post incident media releases.</li><li><input type="checkbox"/> As directed, notify employees of incident call-down.</li><li><input type="checkbox"/> Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.</li><li><input type="checkbox"/> Participate in post incident investigation. Recommend any corrective actions and communicate learnings.</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the CECC Documentation Unit Leader or Incident Director.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Director.</li></ul> |                          |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| <b>4.46 OPERATIONS SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | EMST pre-designated personnel for role / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Incident Director / Operations Section Chief / Staging Area / On-Site / Public Protection / Safety / Planning Section / Logistics Section                                                                                                                                                                                                                                                                                                                                   |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incident Director                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet<br>REG 1 – AB First Call Communication Form<br>REG 3 - BC Form A: Minor Incident Notification Form<br>REG 4 - BC Form C: Emergency Incident Form<br>REG 6 – CER Significant Incident Reporting |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li>• <b>Advise and support</b> the Operations Section Chief in the execution of tactical response to implement the Incident Action Plan (IAP); and Manage public protection measure.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Operations Section Chief.</li> <li><input type="checkbox"/> <b>Advise and support</b> the Operations Section Chief in:               <ul style="list-style-type: none"> <li>○ Completing a site assessment and regulator “Incident Notification Report” and obtaining supporting documentation (photos, drawings etc.).</li> <li>○ Identifying current and potential tactical operational requirements based on the objectives, level of emergency and hazard area.</li> <li>○ Ensuring appropriate public protection measures are identified (voluntary evacuation, shelter-in-place, evacuation and/or ignition), communicated, understood and carried out.</li> <li>○ Monitoring all on-site tactical activities including control and containment, on-site security, site safety, ignition criteria and procedures.</li> <li>○ Determining the need to request and obtain, an area Closure Order (from Local Authority or Applicable Regulatory Agency) or Notice to Airmen (NOTAM) to close space around the incident.</li> <li>○ Monitoring ignition criteria as appropriate. Reviewing ignition procedures prior to any decision to ignite.</li> <li>○ Determining other Harvest operations in the area and the potential need to shut-in operations to support response activities or ensure safety.</li> <li>○ Ensuring operations personnel have access to and are utilizing supporting documentation such as emergency response plans, spill contingency plans, security management plans, drilling &amp; completions support plans, or other response plan documents (ie. Maps).</li> <li>○ Understanding ongoing staffing and resource requirements.</li> </ul> </li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss status of control &amp; containment, on-site worker safety, current and potential on-site hazards, resource status, communications, environmental protection and public protection measures</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                         |
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| 4.46                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OPERATIONS SUPPORT LEAD |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.</li><li><input type="checkbox"/> Assist Operations Section Chief in the participation of any post incident investigation. Recommend any corrective actions and communicate learning's. Ensure site is left undisturbed and security of evidence is maintained until all necessary site investigations have been completed (this includes Harvest, Regulatory, Government, 3<sup>rd</sup> Party etc. investigations)</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the CECC Documentation Unit Leader or Incident Director.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Director.</li></ul> |                         |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>4.47 PLANNING SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EMST pre-designated personnel for role / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Incident Director / Planning Section Chief / Resources Unit / Documentation Unit / Situation Unit / Demobilization Unit / Technical – Specialists / Planning Support                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Incident Director                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ICS 200 – Incident Action Plan Cover Sheet<br>ICS 201 – Incident Briefing<br>ICS 202 – Incident Objectives<br>ICS 203 – Organization Assignment<br>ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 207 – Incident Organization Chart<br>ICS 209 – Situation Status Summary<br>ICS 211 – Check-In<br>ICS 211E – Equipment Check-In<br>ICS 211P – Personnel Check-In<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet<br>ICS 230 – Meeting Schedule<br>ICS 234 – Work Analysis Matrix |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <ul style="list-style-type: none"> <li>• <b>Advise and support</b> the Planning Section Chief in the development and documentation of the Incident Action Plan (IAP).</li> <li>• Manage the collection, evaluation, display and dissemination of incident information for the Corporate Emergency Coordination Centre (CECC).</li> <li>• Organize, schedule and facilitate Emergency Management Support Team meetings and briefings.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).<br><input type="checkbox"/> Establish informal communication with the Planning Section Chief.<br><input type="checkbox"/> <b>Advise and support</b> the Operations Section Chief in: <ul style="list-style-type: none"> <li>○ Completing the ICS 202 Incident Objectives. Ensure Incident Commander approves incident objectives.</li> <li>○ Completing the ICS 201 Incident Briefing Form, if not already completed. This form defines the Incident Action Plan (IAP) for the first operational period.</li> <li>○ Establishing a timeline for operational period(s), and developing an IAP for those operational periods.</li> <li>○ Continually assessing the successes and shortcomings from the previous operational periods as compared to established IAP for that period. Help incorporate learnings in to IAPs for future operational periods.</li> <li>○ Providing periodic predictions on incident potential and required resources, think 6, 12, 24 hours ahead.</li> <li>○ Assisting Operations Section Chief with the development of response strategies to meet the established incident objectives.</li> <li>○ Ensuring a demobilization plan has been developed and distributed accordingly to see the orderly and safe demobilization of all resources and equipment.</li> </ul> <input type="checkbox"/> Direct Corporate Emergency Coordination Centre (CECC) Situation Unit Leader to develop, maintain, post and disseminate accurate situation reports and displays. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |
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| 4.47                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | PLANNING SUPPORT LEAD |
| <b>Duties – Cont'd.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                       |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Direct Corporate Emergency Coordination Centre (CECC) Documentation Unit Leader to establish a document management process, including filing, for documentation generated to support the response. Ensure all applicable documentation and forms are being completed throughout the response organization and being submitted to the documentation unit.</li><li><input type="checkbox"/> Assess the need for technical specialists and subject matter experts and assigned as required.</li><li><input type="checkbox"/> Facilitate Emergency Management Support Team (EMST) meetings and briefing utilizing ICS 230 Meeting Schedule form for guidance. This will include and Objectives, Strategy, Tactics, Planning and Operations meetings / briefings.</li><li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss status of control &amp; containment, on-site worker safety, current and potential on-site hazards, resource status, communications, environmental protection and public protection measures</li><li><input type="checkbox"/> Ensure Emergency Management Support Team (EMST) is apprised of any significant changes to the incident status.</li><li><input type="checkbox"/> Determine 24 hour staffing requirements as applicable for EMST with the assistance of the Logistics Support Lead.</li><li><input type="checkbox"/> Assess the need to establish security protocols for the Corporate offices.</li><li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li><li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li></ul> |                       |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all EMST documentation and forms are completed, consolidated, submitted / collected and filed.</li><li><input type="checkbox"/> Ensure all planning section responders are notified of the call down.</li><li><input type="checkbox"/> Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.</li><li><input type="checkbox"/> Organize files for creation of: final incident documentation package; regulatory reporting documents; and incident summary report.</li><li><input type="checkbox"/> Participate in post incident investigation. Recommend any corrective actions and communicate learning's.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Director.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                       |



| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                 |
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| <b>4.48 CECC DOCUMENTATION UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                 |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | EMST pre-designated personnel for role / or Alternate                                                                                                                                                                                                                                                                           |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Planning Support Lead / Documentation Unit Leader                                                                                                                                                                                                                                                                               |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Planning Support Lead                                                                                                                                                                                                                                                                                                           |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ICS 200 – Incident Action Plan Cover Sheet<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br><br>Documentation Unit Leader should be familiar with all forms listed in the Forms Section 8 of this ERP so they can anticipate required documentation they will manage and understand its contents. |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>• Development and maintenance of accurate, up-to-date incident file.</li> <li>• Duplication services of documentation.</li> <li>• Development and maintenance of filing system for incident files to be stored for legal, analytical and historical purposes.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                 |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Planning Support Lead and obtain an incident briefing (either directly from Incident Director, Planning Support Lead or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Documentation Unit Leader.</li> <li><input type="checkbox"/> Set up work space and ensure you have access to the following:               <ul style="list-style-type: none"> <li>○ Space to collect, organize and store incident files, forms and other documentation (both physical and electronic).</li> <li>○ Computer with all required hardware, software and connectivity.</li> <li>○ Photocopier.</li> </ul> </li> <li><input type="checkbox"/> Develop and communicate documentation protocols to the Emergency Management Support Team (EMST).</li> <li><input type="checkbox"/> Establish a filing system for all documentation, forms and reports. Consult with Corporate Legal Council to ensure documentation policies are being followed and ensure documentation retrieval and maintenance requirements are being met. All electronically stored files and documentation should have restricted access to those identified by the Planning Section Chief and Planning Support Lead in consultation with the Incident Commander and Incident Director.</li> <li><input type="checkbox"/> Obtain all completed forms to date.</li> <li><input type="checkbox"/> Collect completed forms ICS 202 Incident Objectives, ICS 203 Organization Assignment, ICS 204 Assignment List, ICS 204A Assignment List Attachment, ICS 205 Incident Radio Communication Plan (if applicable), ICS206 Medical Plan (if applicable), ICS 207 Incident Organization Chart and ICS 208 Safety Message / Plan. Complete the ICS 200 Incident Action Plan Cover Sheet and affix to forms listed to complete the Incident Action Plan (IAP). Submit completed IAP to Incident Commander for approval.</li> <li><input type="checkbox"/> Duplicate IAP and provide to CECC Situation Unit Leader for posting.</li> <li><input type="checkbox"/> Review submitted documentation for accuracy (if able) and completeness. Notify applicable Support Lead of any errors or omissions.</li> <li><input type="checkbox"/> File all submitted forms, reports and other documentation.</li> <li><input type="checkbox"/> Ensure each section is completing and submitting documentation as required.</li> <li><input type="checkbox"/> Ensure information documented on temporary displays (white boards, smart boards etc.) are duplicated and submitted for filing.</li> <li><input type="checkbox"/> Provide duplication services as required and directed by Planning Support Lead and/or Incident Director.</li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) meetings. Take meeting minutes.</li> <li><input type="checkbox"/> Provide regular status updates and maintain communications with the Planning Support Lead.</li> </ul> |                                                                                                                                                                                                                                                                                                                                 |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                            |                                       |
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| <b>4.48</b>                                                                                                                                                                                                                                                                | <b>CECC DOCUMENTATION UNIT LEADER</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                    |                                       |
| <input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure other Forms utilized are maintained throughout emergency. Conduct a formal handover of information and status of duties at shift change. |                                       |
| <b>Post Incident</b>                                                                                                                                                                                                                                                       |                                       |
| <input type="checkbox"/> Ensure all documentation and forms are completed, consolidated, submitted and filed.                                                                                                                                                              |                                       |
| <input type="checkbox"/> Organize files for creation of final incident documentation package.                                                                                                                                                                              |                                       |
| <input type="checkbox"/> Debrief with Planning Support Lead and/or Incident Director. Attend other post-incident debriefs as requested.                                                                                                                                    |                                       |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>4.49 CECC SITUATION UNIT LEADER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EMST pre-designated personnel for role / or Alternate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Planning Support Lead / Situation Unit Leader                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Planning Support Lead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ICS 201 – Incident Briefing<br>ICS 207 – Incident Organization Chart<br>ICS 209 – Situation Status Summary<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet<br>ICS 230 – Meeting Schedule<br>ICS 234 – Work Analysis Matrix                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Potentially Useful Websites and Harvest files                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>Abacus Datagraphics<br/> <a href="http://www.abacusdatagraphics.com/home">http://www.abacusdatagraphics.com/home</a><br/>           (contact Harvest Emergency Management for Login ID and Password)</li> <li>Weather Channel<br/> <a href="https://weather.com">https://weather.com</a></li> <li>Environment Canada:<br/> <a href="https://www.canada.ca/en/services/environment/weather.html">https://www.canada.ca/en/services/environment/weather.html</a><br/>           Canadian Weather Radar<br/>           Weather (current and forecasted)<br/>           Air Quality Health Index</li> <li>Natural Resources Canada (NRCan):<br/> <a href="https://www.nrcan.gc.ca/home">https://www.nrcan.gc.ca/home</a><br/>           Earthquakes Canada<br/>           Canadian Wildfire Information System</li> <li>ERP Mapping:<br/>           S:\Environment, Health and Safety\Emergency Response\ERP Maps</li> </ul> |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"> <li>Collection and processing of information to provide situation awareness for Emergency Management Support Team (EMST).</li> <li>Posting of current status information, future projections of incident growth and intelligence information on maps and status boards.</li> <li>As required, mobilizes a Display Processor, Field Observer and/or Weather Observer for assistance in collection and display of information.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Planning Support Lead and obtain an incident briefing (either directly from Incident Director, Planning Support Lead or from the ICS 201 Incident Briefing document). <input type="checkbox"/> Establish informal communication with the Situation Unit Leader. <input type="checkbox"/> Begin collection and analysis of incident data as soon as possible. <input type="checkbox"/> Complete ICS 209 Situation Status Summary Form from initial ICS 201 Incident Briefing form and other data collected. Display data as a Wall Chart in the CECC. Update Form and Wall Chart in real time as situation develops and changes. <input type="checkbox"/> Request the assistance of Field Observers, Weather Observers and IT support from Planning Section Chief and coordinate with Operations Section Chief, as required. <input type="checkbox"/> Ensure current Incident Objectives (ICS 234 Work Analysis Matrix Form may be used) and Incident Organization Chart are displayed as wall charts in the Command Post. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                   |
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| <b>4.49</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>CECC SITUATION UNIT LEADER</b> |
| <b>Duties – Cont’d.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Obtain and display map(s), imagery and photographic services of the incident area and response zone. This may include ERP maps, Abadata or other GIS maps, facility schematics, etc.. If maps are not readily available, develop mapping as able and relevant.</li><li><input type="checkbox"/> From data collected and intelligence activities, develop predictions of the incident (growth or decline) or impacts to the incident (e.g. how weather may impact plume dispersion). Utilize these predictions to assist with the development of the ICS 201 Incident Briefing.</li><li><input type="checkbox"/> Distribute situation status information to Emergency Management Support Team (EMST) as required and requested.</li><li><input type="checkbox"/> Project on the wall, relevant websites and their data for the Emergency Management Support Team (EMST) to utilize in the response.</li><li><input type="checkbox"/> Assist Planning Support Lead in the scheduling of meetings. Utilize ICS 230 Meeting Schedule Form to determine which meetings are required and use the completed form to communicate schedule.</li><li><input type="checkbox"/> Monitor current and projected weather.</li><li><input type="checkbox"/> Display ICS 215 Operational Planning Worksheet to be used for planning and also to display current and future resources deployed to the response.</li><li><input type="checkbox"/> Participate in EMST Meetings and conduct the situation briefing, as required.</li><li><input type="checkbox"/> Stream television news channel(s) local to incident to CECC.</li><li><input type="checkbox"/> Assist CECC Documentation Unit Leader as required and able.</li><li><input type="checkbox"/> Maintain documentation (decisions, communications, contacts etc.) on Forms ICS 214 and 214A. Also ensure Forms developed for Situation Unit Leader are maintained. Conduct a formal handover of information and status of duties at shift change.</li></ul> |                                   |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Ensure all documentation and forms are completed and consolidated.</li><li><input type="checkbox"/> Debrief with Planning Support Lead and/or Incident Director. Attend other post-incident debriefs as requested.</li><li><input type="checkbox"/> Forward all documentation and completed Forms to Planning Support Lead and/or Incident Director.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                   |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>4.50 LOGISTICS SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                        |
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| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Incident Director / Logistics Section Chief / Operations Support Lead / Planning Support Lead / Finance – Administration Support Lead                                                                                                                                                                                                                                                  |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Incident Director                                                                                                                                                                                                                                                                                                                                                                      |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ICS 204 – Assignment List<br>ICS 204A – Assignment List Attachment<br>ICS 205 – Incident Radio Communications Plan<br>ICS 205A – Communications List<br>ICS 206 – Medical Plan<br>ICS 208 – Safety Message / Plan<br>ICS 213RR – Resource Request Message Form<br>ICS 214 – Activity Log<br>ICS 214A – Individual Log / Time & Event Sheet<br>ICS 215 – Operational Planning Worksheet |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li>• <b>Advise and support</b> the Logistics Section Chief in the procurement and mobilization of resources, personnel and supplies for use in the management and execution of incident response; and, track status and estimated time of arrival for ordered resources.</li> <li>• Provide procurement and mobilization of resources, personnel and supplies as required to support the Emergency Management Support Team (EMST)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                        |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Logistics Section Chief.</li> <li><input type="checkbox"/> <b>Advise and support</b> the Logistics Section Chief in: <ul style="list-style-type: none"> <li>○ The execution and/or management of the acquisition, delivery, storage, support and maintenance of communications, food, medical aid, personnel/equipment/resources, response facilities and ground support to supply incident response.</li> <li>○ Assessing on-going needs and making arrangements for those needs.</li> <li>○ Ensuring all procurements meet industry standards and safety requirements.</li> <li>○ Developing a resource ordering process and ensuring all response sections are advised on the ordering process and the use of ICS 213RR Resource Request Message Form.</li> <li>○ Tracking status of current in-use resources, resources ordered and estimated time(s) of arrival.</li> <li>○ Ensuring the security of all resources, personnel and facilities is established and maintained throughout the response.</li> </ul> </li> <li><input type="checkbox"/> Utilize Site Specific ERP for area, if available for a list of possible resource providers and their contact information.</li> <li><input type="checkbox"/> Assess Emergency Management Support Team (EMST) needs for supplies, communications equipment, food and/or accommodation. Make arrangement to fill those needs as required.</li> <li><input type="checkbox"/> Assess the need to mobilize and supervise Information Technology (IT) support.</li> <li><input type="checkbox"/> Determine 24 hour staffing requirements as applicable for the EMST. Place additional resources on standby as necessary.</li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss logistical components of the response.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                                                                                                                                                                                                                                                                        |

| RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |
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| <b>4.50</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>LOGISTICS SUPPORT LEAD</b> |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |
| <ul style="list-style-type: none"><li><input type="checkbox"/> Assist as required, to ensure all required resources are available to support return-to-normal-operating recovery activities.</li><li><input type="checkbox"/> Ensure all Logistics Section responders and notified resource support personnel and organizations are notified of the call down</li><li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the CECC Documentation Unit Leader or Incident Director.</li><li><input type="checkbox"/> Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.</li><li><input type="checkbox"/> Deactivate position once authorized by the Incident Director.</li></ul> |                               |

| <b>RESPONSE DUTIES (EMERGENCY MANAGEMENT SUPPORT TEAM - CORPORATE)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                       |
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| <b>4.51 FINANCE / ADMINISTRATION SUPPORT LEAD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |
| Potential Designates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | EMST pre-designated personnel for role / or Alternate                                                                                 |
| Key Communications                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Incident Director / Finance – Administration Section Chief / Operations Support Lead / Planning Support Lead / Logistics Support Lead |
| Reports to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Incident Director                                                                                                                     |
| Forms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PP 8 – Expense Claim Form<br>ICS 214A – Individual Log / Time & Event Sheet                                                           |
| <b>Responsibility</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                       |
| <ul style="list-style-type: none"> <li>Advise and support the Finance / Administration Section Chief in the management of all financial aspects of an incident (incident related costs, claims, time-tracking, compensation, vendor contracts)</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                       |
| <b>Duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                       |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> As directed, proceed to the Corporate Emergency Coordination Centre (CECC), sign ICS 211P Personnel Check-In Form, report to the Incident Director and obtain an incident briefing (either directly from Incident Director or from the ICS 201 Incident Briefing document).</li> <li><input type="checkbox"/> Establish informal communication with the Finance / Administration Section Chief.</li> <li><input type="checkbox"/> <b>Advise and support</b> the Finance / Administration Section Chief in:               <ul style="list-style-type: none"> <li>○ Assigning Subject Matter Experts (SMEs) to provide advice and recommendations on personnel matters, other human resources issues (e.g. next-of-kin notifications) and financial / accounting requirements.</li> <li>○ Setting up and maintaining cost tracking processes to ensure accurate records of incident costs are being created.</li> <li>○ Administering necessary contracts for supplies, services and consultants.</li> <li>○ Ensuring on-duty time for responders (Harvest and 3rd party) is recorded and time sheets collected.</li> <li>○ Creating emergency Authorization For Expenditure (AFE) and/or Purchase Orders (PO) to support required costs of the emergency response, if required. Ensure this information is communicated throughout the response organization as needed.</li> <li>○ Developing, administering and distributing field based cash accounts as required to support immediate out-of-pocket expenses.</li> <li>○ Development of a resource ordering process.</li> <li>○ Addressing and managing all legal issues and insurance claims as a result of the incident.</li> </ul> </li> <li><input type="checkbox"/> Provide administrative support to the Emergency Management Support Team (IMT) as required.</li> <li><input type="checkbox"/> Participate in Emergency Management Support Team (EMST) briefings and be prepared to discuss cost analysis.</li> <li><input type="checkbox"/> Assess the need to mobilize and supervise Harvest Human Resources support.</li> <li><input type="checkbox"/> Determine 24 hour staffing requirements as applicable for the EMST. Place additional resources on standby as necessary.</li> <li><input type="checkbox"/> DOCUMENT all activities (actions, decisions, contacts, requests) utilizing forms ICS 214 – Activity Log and ICS 214A – Individual Log / Time &amp; Event.</li> <li><input type="checkbox"/> Shift Change: Ensure shift change is communicated to all contacts; document shift change and brief on-coming shift on events and actions being taken. Be sure to sign out on ICS 211P Personnel Check-In Form.</li> </ul> |                                                                                                                                       |
| <b>Post Incident</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Assist as required, to ensure all required resources are available to support return-to-normal-operating recovery activities.</li> <li><input type="checkbox"/> Ensure all Finance / Administration Section responders and notified resource support personnel and organizations are notified of the call down</li> <li><input type="checkbox"/> Forward all data and forms related to and completed during the response to the CECC Documentation Unit Leader or Incident Director.</li> <li><input type="checkbox"/> Participate in the Emergency Management Support Team (EMST) Post-Incident Debrief.</li> <li><input type="checkbox"/> Deactivate position once authorized by the Incident Director.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                       |

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## **5.0      IGNITION**

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## **5.1 IGNITION OVERVIEW**

In some circumstances, the planned ignition of flammable products being released into the atmosphere may be the recommended option for mitigating the risk of human exposure to hazardous substances such as hydrogen sulfide; and may be used as a method of protecting the environment from a hazard.

### **Sour Gas Ignition**

When sour gas is ignited, the  $H_2S$  is converted to  $SO_2$  and is carried higher into the atmosphere by the heat of combustion. This causes the gases to disperse over a larger area and reduces the risk of hazardous ground level concentrations. Ignition does not negate the need for continuing with evacuation, as there may be residual pockets of  $H_2S$  or  $SO_2$  in the area.

### **High Vapour Pressure (HVP) / Natural Gas Liquid (NGL) Ignition**

The hazard area created by a plume of HVP/NGL vapours can be difficult to identify and is prone to unexpected and explosive ignition which can be extremely hazardous. Characteristics include the downwind edge of the plume spreading out significantly forming a broad frontal edge and the ability for the plume to travel upwind for a short distance. The advantages of deliberately igniting an HVP/NGL release include the following:

- The spread of HVP/NGL vapours and the associated fire hazard is reduced.
- Once ignited, the hazardous area would be contained, visible and easily identified.
- Ignited NGL vapours are far less responsive to changes in wind direction.
- Limited evacuation would be required.

However, HVP/NGL ignition may have serious consequences if gas has accumulated in basements, forests or low-lying areas.

## **5.2 H<sub>2</sub>S IGNITION ASSESSMENT AND CRITERIA**

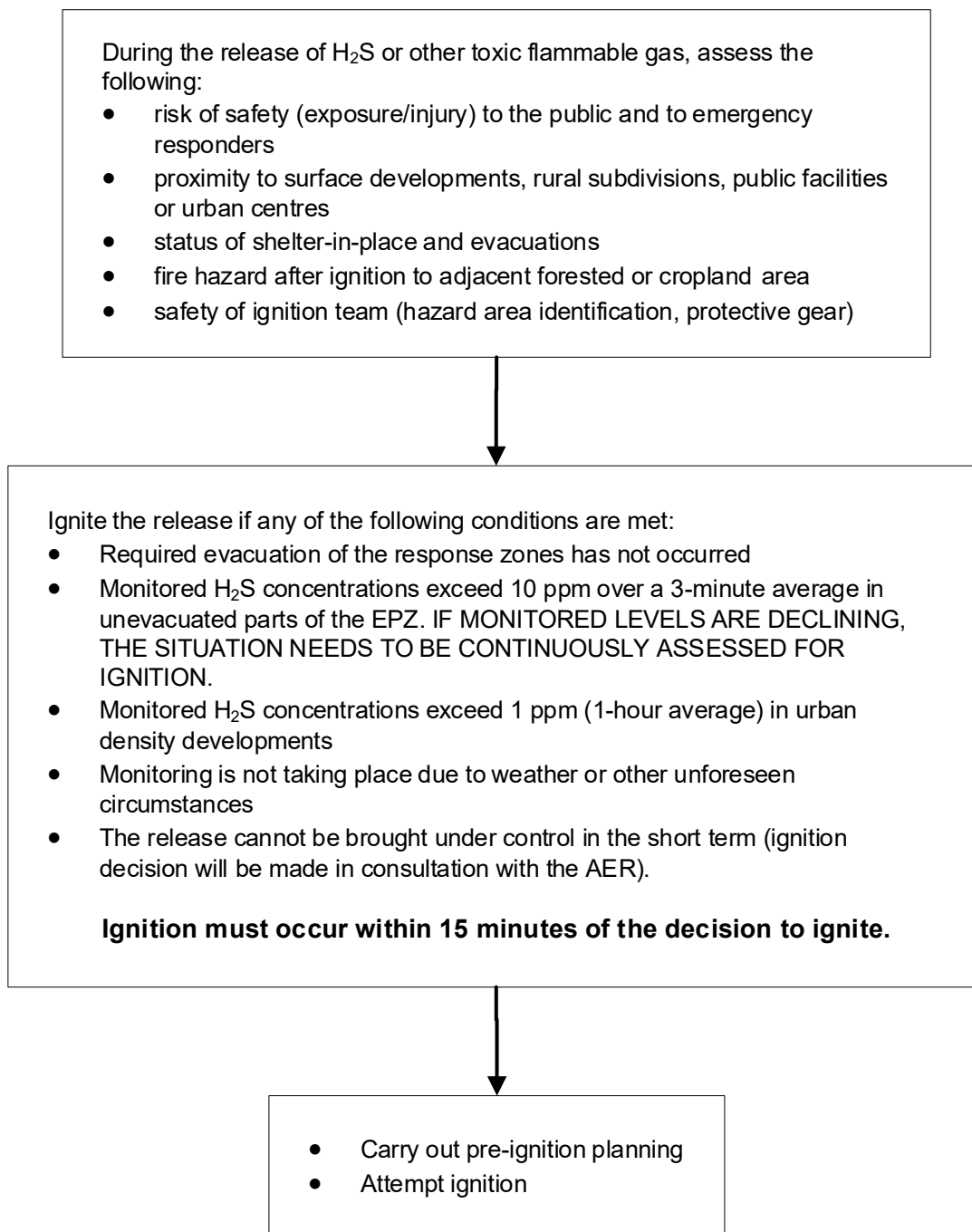
Harvest will take immediate steps to prepare for ignition of sour gas at the earliest signs of a release or a well control problem to ensure there will be no delay as per the time limits used within ERCBH2SModels used to calculate / designate the emergency planning zone (in Alberta).

Harvest will:

- ignite a sour gas flow to the atmosphere in accordance with the Assessment and Ignition Criteria Flowchart below,
- make the decision (where practical) to ignite a flammable product in conjunction with the applicable provincial regulator (AER/BCER); however, Harvest's Incident Commander, On-Site Branch Director or most Sr. Harvest representative on-site is assigned the decision making authority to ignite the release when ignition criteria have been met and there is not enough time to consult with the provincial regulator or Incident Management Team.

**Note: The provincial regulatory agency may make the decision to ignite a release if Harvest does not agree to ignite the release or is not prepared to take the necessary steps.**

### Assessment and Ignition Criteria Flowchart



Source: AER Directive 71, February 2023

### **5.3 PIPELINE OR CAVERN STORAGE FACILITY HVP PRODUCT RELEASES AND IGNITION**

Following an incident, the hazard associated with an HVP product release may be controlled or minimized by deliberately igniting the release.

When deciding to ignite HVP releases, Harvest must consider the following:

- The increased risks of a delayed ignition
- Whether the perimeter of the hazard area has been established
- Whether the public been evacuated from the area
- Whether ignition will worsen the situation by endangering the public or the environment or damage the equipment used to control the product
- Whether wind direction has been established and continuously monitored
- Whether the possibility of an explosion has been assessed (i.e., obstructions or regions of congestion within the perimeter of the dispersing vapour cloud)

### **5.4 IGNITION EQUIPMENT AND IGNITION PROCEDURES**

#### **Ignition Equipment:**

An ignition team requires the following equipment:

- Flare guns with flares.
- Rescue harness (d-ring in front or safety belt with d-ring in the back) with 30 m (100ft) flame-resistant retrieval ropes.
- Flame-resistant coveralls.
- Ear protection (ear muff or expendable).
- Hard hats (with face shields if available).
- Flame-resistant balaclava, hard hat liners or flame-resistant regular hard hat liners for use with self-contained breathing apparatus (SCBA).
- Lower explosive limit (LEL) gas detector (for HVP/NGL ignition).
- H<sub>2</sub>S/LEL gas detector (for sour gas ignition).
- Self Contained Breathing Apparatus (SCBA)
- Vehicle with communication to the Incident Command Post.

#### **Flare Gun Ignition Procedures:**

Ignition of a sour gas or HVP/NGL release is a hazardous procedure and should be conducted with caution by trained personnel following these operating procedures. The ignition team should consist of four members and the procedure should never be attempted with fewer than two people, so that there is one person for rescue backup.

1. The On-site Branch Director ensures that on-site personnel have retreated to a safe upwind location.
2. **The Ignition Team reviews the flare gun manufacturer's loading instructions, specifications for the flare gun and dons their personal protective equipment (PPE).**
3. If available, the two backup personnel are positioned by a radio-equipped vehicle located at a safe distance upwind from the release. They stand by to rescue the ignition person(s) with the lanyards if necessary.
4. The ignition team, equipped with the flare gun, flares and air monitoring equipment (with a LEL and H<sub>2</sub>S gas detection), approach to within 100 metres of the suspected outside edge of the gas plume.

5. The ignition team position themselves at a location that:
  - ▶ allows for safe retreat,
  - ▶ is upwind or crosswind from the release / plume,
  - ▶ is free of explosive mixtures, and
  - ▶ is no closer than necessary (The flare should be aimed so the flare reaches the outside edge of the explosive gas plume.)

**NOTE: A 12-gauge pistol flare has an approximate altitude of 80 metres and a 4-caliber pistol flare has an approximate altitude of 120 metres.**
6. One ignition person loads, aims and fires the flare gun, choosing the firing position, either standing or prone, that is most comfortable and suitable for the circumstances.
7. After the gun is fired, uncovered skin should not be exposed toward the flare.
8. If the gas plume does not ignite, the ignition team moves a few metres closer to the suspected edge of the plume (do not move any closer to the plume than the launcher's range, probably about 60 m) and repeats Steps 5, 6, 7 and 8.
9. SO<sub>2</sub> is a hazard after ignition, so ensure that monitoring equipment is changed to monitor SO<sub>2</sub>.

## **5.5 CRITICAL SOUR WELLS (ALBERTA)/SPECIAL SOUR WELLS (BRITISH COLUMBIA) – DRILLING, COMPLETION AND SERVICING/WORKOVER OPERATIONS**

### **Ignition Equipment:**

Harvest will ensure that all critical sour / special sour wells have a dual ignition system on-site during all drilling operations in the critical zone(s) and during all completion, well testing or servicing/workover operations when the wellhead is removed. The primary ignition system is a self-contained flame-thrower unit with an independent fuel source. This system incorporates a remote-control panel with a time-delayed triggering device that allows for complete evacuation of the wellsite before the well is ignited. The secondary ignition system is a flare gun.

### **Critical Sour Wells (Alberta)/Special Sour Wells (British Columbia) Ignition Procedures:**

The On-site Branch Director follows the procedure below to ignite the well:

1. Ensure wellsite personnel have retreated to a safe upwind location.
2. Form an Ignition Team.
3. Ensure the Ignition Team wears personal protective equipment and wear harnesses equipped with lanyards (retrieval ropes).
4. Position the two backup personnel by a radio-equipped vehicle, located at a safe distance from the sour gas release. These personnel stand by to rescue the ignition personnel with the lanyards if necessary.
5. Once the wellsite is evacuated, the ignition personnel activate the primary ignition system by inserting the "Firefly" key into the control panel key switch and turning the key clockwise.
  - At this point, a siren and strobe light will be activated at the control panel.
  - Ignition personnel egress from the area.
  - Three minutes after the key has been turned on, the siren will silence and a pilot light will be lit at the trailer unit.

**NOTE: Strobe light stays on to indicate the system is active.**

- Two minutes after the pilot light has been lit, the first discharge of gel will be released through the burning pilot. The duration of this discharge is five seconds.
- The discharge will result in an 80 to 90 foot stream of burning gel being directed into the derrick, where it will splatter and fall. This will ensure ignition even if the gas release is in a horizontal direction. The residual burn time of the gel is approximately three to four minutes.
- Every three minutes after the initial discharge, another discharge will occur, until the system is emptied or manually shut off.
- Approximate number of discharges is twenty. If the well extinguishes itself, ignition will automatically re-occur for a considerable length of time.

**NOTES:**

- Initial ignition can be aborted at any time by turning off the key.
- The stream of ignited gel is under high pressure to minimize the effect of high winds.
- If the primary (self-contained flame-thrower unit) ignition system fails, the ignition personnel proceed with the Flare Gun Ignition Procedures outlined in 5.4 above.

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## **6.0 INCIDENT-SPECIFIC RESPONSE ACTIONS**

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## **6.1 RESPONSES COMMON TO ALL INCIDENTS**

### **Daily Emergency Preparedness Actions:**

- ☐ Ensure you carry out a hazard assessment before starting work
- ☐ Identify who you would contact in the event of an emergency
- ☐ Identify egress routes and muster locations
- ☐ Ensure there is a head count obtained for all site personnel
- ☐ Identify where relevant safety equipment is located [personal protective equipment (PPE), fire extinguishers, first aid kits, etc.]
- ☐ Understand how to initiate site evacuation in the event of an alarm or incident

### **Common Response Actions:**

1. **EVACUATE** - Get away from the immediate hazard and direct others to a safe area.  
NOTE: Evacuation may not be the best method of public protection and Shelter-In-Place should be considered.
2. **ALARM** - Alert others to the danger and situation.
3. **CALL FOR HELP**- If you cannot contact your supervisor, contact the Incident Director by calling the, and asking to be connected to the Incident Director On-Call.
4. **ASSESS** - Assess hazards: do not rush in and endanger yourself. Account for all personnel. Monitor air quality with personal monitors. Consider potential ignition sources and how to eliminate them.
5. **RESCUE** - Protect yourself at all times, use appropriate PPE. Remove casualty to a safe area, ensure medical aid has been called for and administer first aid.
6. **SECURE THE AREA** - Prevent unauthorized access. If possible, take steps to protect people, the environment and property.
7. **ACT AS INCIDENT COMMANDER** - Until relieved by the appropriate person.

**NOTE: Remember your Primary Objectives:**  
**Responder/Public Safety,**  
**Environmental Protection,**  
**Control and Containment.**

## **6.2 HYDROCARBON SPILL RESPONSE**

### **Response Actions:**

- ☐ Understand the type of product and the potential hazards e.g. flammable/toxic vapours, fire hazards, etc.
- ☐ Approach the site from an upwind or crosswind direction.
- ☐ Identify safe escape routes away from hazardous areas.
- ☐ Observe surrounding area for possible ignition sources; eliminate if possible.
- ☐ If possible and safe to do so, isolate or shut in the leak.
- ☐ If possible, prevent fluids from entering a waterway or other sensitive areas.
- ☐ As required, mobilize the area oil spill cooperative equipment.
- ☐ Keep unauthorized personnel away.

Note: Harvest will do everything possible to protect the public, environment and prevent or mitigate any harm to land, water courses and air quality

**HARVEST'S INITIAL SPILL RESPONSE GUIDELINES**

**1. ASSESS / CONTROL THE HAZARDS**

**2. SHUT IN THE SOURCE**

**3. INITIATE PRODUCT CONTAINMENT AND RECOVERY**

- a. Mobilize a vacuum truck, build temporary berms, use absorbent pads, request assistance etc.
- b. Ensure compliance with Harvest's Ground Disturbance Code of Practice
- c. Use the "volume estimation protocol" to assist with determining release volume

**4. NOTIFY YOUR SUPERVISOR AND ESTABLISH INCIDENT COMMAND;** The Incident Commander will:

- a. Determine the Emergency Level using the applicable regulator's assessment matrix
- b. Determine what resources are required to support the incident
  - Utilize Harvest's Safety, Health, Environment, Regulatory (SHER) Department when determining if third party resources are required
- c. Ensure surface development occupants, landowner(s) and other stakeholders (i.e. Traditional Land Use Communities) are notified, as required, with priority given to public safety
- d. Notify the Harvest Incident Director on-call by contacting the, and ask to be connected to the Incident Director On-Call
- e. Notify the appropriate regulatory agencies; always consider the emergency level to report – Refer to Section 2 for a list of reporting requirements and agencies

**5. REMOVE FREE FLUIDS FROM SURFACE**

- a. Dispose of at a Harvest facility if possible or, haul to a third party disposal facility
- b. Record volumes and include disposal location in Roughneck (Harvest's incident report system)
- c. Ensure proper Waste Manifesting documents are completed

**6. COMPLETE HARVEST'S ROUGHNECK INCIDENT REPORT**

- a. Utilize personnel from Harvest's SHER department to assist with regulatory follow-up reporting.

**PLEASE REMEMBER:**

- Underestimating released volumes may result in scrutiny from regulatory agencies. Be as accurate as possible and use the *Volume Estimation Protocol*
- It is extremely important to determine if a spill is causing impacts to receptors (i.e. waterbodies) which in turn may require additional regulatory reporting

***\*\*\*Harvest's Corporate Emergency Management Support Team (EMST) with the direction of the Incident Director can provide assistance at any stage throughout the release response as required\*\*\****

**VOLUME ESTIMATION PROTOCOL**

1. Pace off the release area using full strides (approximately 1 meter).
2. Determine the average length and a width of the impacted area.
3. Determine average depth using a gauging stick (1cm = 0.01m).
4. Calculate the Volume; Volume ( $m^3$ ) = length (m) x width (m) x depth (m). Unit guidelines -  $0.1 m^3 = 100 L$ ;  $1 m^3 = 1000L$ .
5. For chemical releases use tank/container volumes as an estimate of what was released.
6. For gas releases, determine volume by meter difference and/or time and piping size.
7. For releases that occur as a mist, determine length and width and use a depth of 0.0005 m in the volume calculation.
8. For releases into water, volume estimation will have to involve metering estimates for loss of product, time and piping size.

**RECOVERY TECHNIQUES**

The following section provides basic hydrocarbon spill recovery guidelines. For greater details, refer to the Western Canadian Spill Services Ltd. (WCSS) Oil Spill Contingency Plans and applicable Safety Data Sheets (SDS). Harvest is a member of WCSS in good standing and may utilize WCSS's equipment cache's located throughout Alberta and British Columbia to isolate, contain and clean up hydrocarbon spills as a result of Harvest's operations (wells, pipelines, facilities). Area specific WCSS Oil Spill Contingency Plans are located in applicable Harvest field offices and in Harvest's Corporate Emergency Coordination Centre (CECC). Alternatively, the most current Contingency Manual is located on WCSS's website at <https://www.wcss.ab.ca/about/contingency-manual/>.

There are two basic means of stopping the flow of petroleum products floating on water; a boom or a dam. If the stream/river is relatively large, booms are used. A dam may be constructed across the channel of a small stream with a low flow.

If the stream/river is to be boomed and Harvest does not have the appropriate equipment, the appropriate equipment should be obtained from Western Canadian Spill Services Ltd or from a third party provider. Decisions must incorporate the following considerations:

- Width of stream/river which must be boomed (Where possible, the entire river width should be boomed).
- Allowable boom angle based on stream current and length of boom required.
- Anchoring methods for the booms.
- Methods to lay out and deploy a boom.

If a dam is to be constructed across a small stream or channel, some allowance must be made for the flow of water past the dam. The Western Canadian Spill Services Ltd. plan provides detailed information about oil spill containment and recovery.

**CONTAINMENT AND STORAGE OF PRODUCT**

When commercial barriers are not suitable or available, particularly in remote areas, barriers must be improvised; improvising depends on the materials at hand and the situation in which the spill has occurred. In each case, the experience and innovative ability of the personnel at the spill site is needed for the successful containment of the spill.

Tank trucks, storage tanks or an earthen pit may be used to store recovered petroleum products. An earthen pit should only be constructed when tank trucks or storage tanks cannot be used and plastic should be used to line the pit.

### **DISPOSAL AND REMEDIAL OPERATIONS**

Disposal of the product and site restoration actions will be determined for each site by consultation among Harvest operations personnel, provincial environmental protection agency or other environmental regulators and any external professional environmental consultants contracted by Harvest.

### **SPECIFIC RESPONSE DETAILS FOR CONTAINMENT AND RECOVERY OF UNCONTROLLED FLUID RELEASES IN OR NEAR A FLOWING WATERBODY**

Following an uncontrolled release and once safe working conditions have been established, the initial steps of the spill response process are the containment and recovery of the spilled product.

**NOTE: Remember your “Primary Objectives”: Responder Safety/Public Safety; Environmental Protection; Control and Containment.**

In the case of a fluid release near a flowing waterbody, rapid containment of the spilled product is essential to prevent its entry into the watercourse and subsequent downstream migration. Like any surface water related project, spill response activities including containment, recovery and sampling plan should be presented to and approved by the provincial and federal regulators.

Effective containment techniques vary depending on the nature of the product released and the site conditions, but usually involve the construction of berms, trenches and/or bell-holes along the pathway between the contaminant source and the water body. Recovery of the spilled product with vacuum trucks is usually initiated at the same time to prevent overflowing of the containment structures and further soil contamination through infiltration. In smaller streams, inverted weirs can also be constructed. These structures allow the water to go through while capturing any free product floating on surface.

Depending on the nature of the product spilled, additional containment can be deployed along the watercourse to prevent or minimize the downstream migration of the product. For hydrocarbons, depending on their volatility, a combination of containment booms, sheen booms and adsorbent pads can be used. Containment booms trap free product floating on the water surface, while sheen booms and adsorbent pads soak up lighter end hydrocarbons. Free product trapped upstream of a containment boom can be skimmed and pumped off for disposal.

Fine particulates, released as a result of a drilling mud spill or simply from activities around a spill site, can be detrimental to aquatic life and containments such as silt fences and silt curtains are commonly used to prevent contamination of a watercourse from sediment-laden water. Silt fences, along with straw bales, are typically deployed along the banks or across drainage paths. Silt curtains are deployed across a watercourse.

Products that are readily soluble in water such as methanol, produced water, corrosion inhibitor and to a lesser extent light hydrocarbons such as gasoline and condensate cannot be effectively contained once they enter a watercourse. Then, the focus of the response is on impact delineation through the implementation of a surface water sampling program.

A key component to an effective spill response is the preparedness of all proponents as the actions taken immediately following an uncontrolled release can greatly reduce its potential long-term impacts. Harvest will focus on the training of its personnel and all efforts will be made to make sure the appropriate containment equipment is readily available in the project area.

### **6.3 DETECTION OF AN INCIDENT**

Harvest personnel may initially become aware of an incident from a wide range of detection methods and sources; detection methods may include:

- Supervisory Control and Data Acquisition (SCADA) systems
- Pressure detection systems
- Flow monitors
- Air monitors
- Visual observation
- Audible observation
- Odour

The following sources may also advise Harvest about an incident:

- Harvest field operators
- Contract personnel
- Other industrial operators
- Government agencies
- Public
- Media

As soon as Harvest is made aware of a potential incident by any method, Harvest personnel will carry out an investigation to determine the situation.

#### **INTERNAL AND EXTERNAL NOTIFICATION PROCEDURES**

During any level of emergency the Incident Commander will ensure their supervisor and the Incident Director on-call of the Emergency Management Support Team (EMST) has been notified. It is the responsibility of the Incident Director to ensure that senior managers (C-Level) are made aware of and kept updated with all information regarding the emergency situation and the response progress.

Harvest will ensure that all external notifications to members of the public, other stakeholders (i.e. Traditional Land Use Communities), required government agencies and emergency response personnel will be carried out in a timely manner (See 1.10 Communication). Specific roles and responsibilities regarding internal and external notifications/communications can be found in Section 4 of this CERP under Roles and Responsibilities.

Regulatory reporting requirements and government contact matrices (Alberta and British Columbia) are listed on pages 2-17 to 2-30.

## **6.4 INVESTIGATION OF PUBLIC COMPLAINTS AND THREATS**

Sources outside of Harvest may see or hear a problem before a company representative does; any reports, concerns or complaints raised by sources outside of Harvest must be promptly investigated.

Calls to Harvest of a complaint nature normally come through the Harvest 24 hour emergency number and will follow the normal call-down procedure i.e. whoever receives the call will speak to the caller and attempt to eliminate or mitigate the cause of the complaint; this may be achieved by a simple conversation of explanation or it may require a visit to the land owner or an investigation at the site. Unless conditions indicate otherwise, an odour complaint is not declared an emergency until the incident has been investigated and verified. However, it is essential that Harvest respond thoroughly and professionally and ensure the complaint and outcome is documented and resolved.

Threats to Harvest's operations or personnel may come in many forms; all threats to Harvest personnel, property or equipment whether direct, intimated or perceived must be reported to the supervisor immediately and documented. Depending on the nature of the threat an investigation may need to be carried out and may require the assistance of the RCMP/Police and/or the fire department.

Procedures outlined in the Security Management Plan may need to be adopted.



## 6.5 FIRES OR EXPLOSIONS

| HAZARD ANALYSIS  |                     |                                                                                                                                                              |
|------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HAZARD           | GENERAL DESCRIPTION | POTENTIAL IMPACTS                                                                                                                                            |
| FIRE / EXPLOSION | ---                 | Burns / Respiratory issues / Injuries caused by concussive factors or direct exposure / Loss of equipment causing other hazards such as a gas or oil release |

### **Response Actions:**

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ Sound alarms, if applicable. Muster personnel and take head count.
- ☐ Call the local fire department and/or a professional oilfield fire fighting organization.
- ☐ Understand the type of product, its immediate hazards and the potential exposure distance (based on the incident and the impact the incident has caused).
- ☐ Isolate, shut-in, extinguish infrastructure on fire, if able. Do not extinguish burning leaks if the leak, or supply to the leak, cannot be stopped.
- ☐ Recover unaccounted for personnel, resuscitate, revive, administer medical aid, provide transportation, as required.
- ☐ If necessary, approach the site from an upwind or crosswind direction.
- ☐ Identify safe escape routes away from hazardous areas.
- ☐ Evacuate if required and establish roadblocks to prevent others from entering the area.
- ☐ Attempt to control small fires to prevent them from becoming large fires and ONLY when there is no danger to yourself.
- ☐ If safe to do so, initiate actions to prevent the spread of the fire, remove flammable materials, protect surrounding property, etc.
- ☐ Do not attempt to control or put out extensive or uncontrolled facility fires. These fires should be dealt with by trained and equipped firefighting professionals.
- ☐ Keep unauthorized personnel away.
- ☐ Initiate public protection measures as required based on establish emergency planning zones caused by the exposed product or the fire itself.
- ☐ Determine the level of emergency utilizing the applicable provincial assessment matrix for classifying incidents (see page 2-5 and 2-9).
- ☐ Report incident to applicable agencies (see page 2-17 to 2-30)

## 6.6 WILDFIRE (GRASS & FOREST)

| HAZARD ANALYSIS |                     |                                                                                                                                                                         |
|-----------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HAZARD          | GENERAL DESCRIPTION | IMPACTS                                                                                                                                                                 |
| WILDFIRE        | ---                 | Burns / Respiratory issues / Injuries caused by direct exposure / Loss of equipment causing other hazards such as a gas or oil release / Impact to access-egress routes |

### Response Actions:

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ Sound alarms, if applicable. Muster personnel and take head count.
- ☐ Recover unaccounted for personnel, resuscitate, revive, administer medical aid, provide transportation, as required.
- ☐ Advise fire authorities if company property is threatened by an external fire. See Oil & Gas Wildfire Control and Prevention Quick Reference Guide FORM – REG 7
- ☐ Advise first responders about potential flammable/toxic vapours, fire hazards etc.
- ☐ Abide by government issued evacuation orders and alerts.
- ☐ Assign a Liaison Officer to establish and maintain communications with provincial wildfire authorities.
- ☐ For facilities that have a site specific emergency response plan, see “Wildfire Response” section for potential Wildfire Response Zones based on egress and potential fire behaviour.
- ☐ Identify egress routes and determine if any are currently, or soon to be, impacted by fire or impassable smoke conditions.
- ☐ Compile list of available personnel in the area and their contact information. Immediately evacuate non-essential personnel.
- ☐ Identify any immediately available equipment required for shut-ins.
- ☐ Determine number of wells, single well batteries, flow line wells, compressors, multi-well batteries and pipelines in the path of the fire (considering weather conditions) and prepare an estimate of time required to shut-in and/or depressurize based on available personnel and equipment.
- ☐ If time allows for shut-in operations and still have time to egress the area safely, begin shut-in operations.
- ☐ If fire conditions change causing an impact to egress routes, cease shut-in / depressurizing activities and evacuate the area immediately.
- ☐ If equipped with structure protection equipment, set up equipment and start to wet down the area and facility.
- ☐ If fire conditions, and Harvest facilities, allow for sheltering-in-place, ensure HVAC filtration is appropriate for smoke and fine particulate matter. Also ensure food and water supplies are appropriate.
- ☐ If sheltering-in-place, there should be at least two possible egress options from site, that have been communicated to all personnel.

**Wildfire Planning Tools:**

During an actual wildfire, fire statistics should be obtained to validate above calculation or to better predict fire behaviour and risk to personnel and assets. The following are useful links to provide current fire statistics:

**Fire Weather Index:**

<http://cwfis.cfs.nrcan.gc.ca/maps/fw?type=fwi>

<https://www.alberta.ca/fire-weather-intelligence.aspx>

**Recent and Forecast Weather Facts:**

<https://weather.gc.ca> (click on the 'weather' tab, then click on the area on the map that you want to view)

<https://www.theweathernetwork.com/ca>

**Wildfire Hazard Identification Tool(s):**

<https://maps.alberta.ca/WHIT/Viewer/?TermsOfUseRequired=true&Viewer=WHIT>

<https://www.arcgis.com/apps/dashboards/3ffcc2d0ef3e4e0999b0cf8b636defa3>

<https://wildfiresituation.nrs.gov.bc.ca/map>

<https://cwfis.cfs.nrcan.gc.ca/interactive-map>

**Wildfire Status Terms:**

**Out of Control** – The wildfire is burning and expected to continue growing.

**Being Held** – Given current weather conditions and resources, the wildfire is not anticipated to grow past expected boundaries.

**Under Control** – The wildfire is completely contained and will be extinguished.

**Mutual Aid** – The wildfire is outside of the Forest Protection Area and assistance is being provided to the lead agency.

| Vegetation Classification Chart                         |              |                |
|---------------------------------------------------------|--------------|----------------|
| Species                                                 | Flammability | Fuel Type      |
| Black Spruce                                            | Extreme      | C2             |
| Cured/Dead Grass and Slash                              | Extreme      | O1, S1, S2, S3 |
| Lodgepole or Jack Pine                                  | High         | C3             |
| White Spruce                                            | High         | M1, M2         |
| Western Larch                                           | Low          | C1             |
| Young and Mature Aspen (has clean forest floor present) | Very Low     | D1             |

The following is an excerpt from the Canadian Association of Petroleum Producers (CAPP) Guide – Emergency Preparedness Guide for Hazards Associated with Wildfires 2015. To see the complete guide, visit [https://www.capp.ca/wp-content/uploads/2024/01/Emergency Preparedness Guide for Hazards Associated with Wildfire-261805.pdf](https://www.capp.ca/wp-content/uploads/2024/01/Emergency_Preparedness_Guide_for_Hazards_Associated_with_Wildfire-261805.pdf). The following table provides suggested actions in response to varying levels of particulate matter.

| <b>CAPP Recommended Response to Wildfire Smoke</b>                                                                           |                                                                                    |                                                                                                     |                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Air Quality Category</b>                                                                                                  | <b>Health Messages for At-Risk Personnel</b>                                       | <b>Health Messages for All Other Personnel</b>                                                      | <b>Recommended Actions</b>                                                                                                                                                                                                                                                                                                                 |
| <b>Good</b><br><br>Visibility:<br>15 km and up<br><br>1-3 hour average:<br>PM2.5 0-40 µg/m3                                  | Continue with usual outdoor activities.                                            | Ideal air quality for outdoor activities..                                                          | Be aware of forecast (current, daily, tomorrow)..                                                                                                                                                                                                                                                                                          |
| <b>Moderate/ Unhealthy for Sensitive Groups</b><br><br>Visibility:<br>5-14 km<br><br>1-3 hour average:<br>PM2.5 41-175 µg/m3 | Reduce or reschedule prolonged strenuous activities and limit time spent outdoors. | Be aware of health effects of smoke and related symptom.                                            | Advise workers about: health effects of smoke, related symptoms, and ways to reduce exposure.<br><br>If the smoke event is projected to be prolonged, evaluate and notify possible cleaner air shelter sites and prepare evacuation plans for at-risk populations.                                                                         |
| <b>Unhealthy</b><br><br>Visibility:<br>2.5-4 km<br><br>1-3 hour average:<br>PM2.5 176-300 µg/m3                              | Avoid prolonged strenuous activities and stay indoors if possible.                 | Reduce or reschedule prolonged strenuous activities outdoors, especially if you experience symptom. | Consider cancelling non-essential outdoor activities. Restrict or eliminate access to the site by other visitors,<br><br>Consider the distribution and use of respirators and masks.                                                                                                                                                       |
| <b>Very Unhealthy</b><br><br>Visibility:<br>1.5 -2 km<br><br>1-3 hour average:<br>PM2.5 301-500µg/m3                         | Avoid all strenuous activities and stay indoors if possible.                       | Avoid prolonged strenuous activities and stay indoors if possible.                                  | Consider having at-risk personnel go to designated air shelters.<br><br>Make preparations and take precautions against the threat from a wildfire, including the risk from fire (see Appendix A).<br><br>Consider the distribution and use of respirators and masks.                                                                       |
| <b>Hazardous</b><br><br>Visibility: < 1 km<br><br>1-3 hour average:<br>PM2.5 >500 µg/m3                                      | Avoid all strenuous activities and stay indoors.                                   | Avoid all strenuous activities and stay indoors.                                                    | Restrict activities to the essentials.<br><br>If smoke event is projected to be prolonged, consider evacuation of at-risk personnel.<br><br>Make preparations and take precautions against the threat from a wildfire, including the threat from fire (see Appendix A).<br><br>Consider the distribution and use of respirators and masks. |

## **6.7 SHUT-DOWN PROCEDURES**

Most facilities are fitted with some form of automatic emergency shut-down process; shut-down procedures may be initiated either by or combination of; hi/low pressures; hi/low fluid levels; pressure or flow differentials; automatic H<sub>2</sub>S, LEL, fire detection. All facilities have a manually operated emergency shut-down button on location and many facilities can be shut down remotely via computer or mobile phone.

Specific shut-down procedures for a specific location or facility can be found at the area field office or main battery/plant.

Personnel are made aware of site specific shut-down procedures by area supervisory personnel during the hiring process and through on-going competency training.

## **6.8 SWEET HYDROCARBON INCIDENT**

### **Response Actions:**

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ Approach the site from an upwind or crosswind direction.
- ☐ When possible eliminate all potential ignition sources; this includes vehicles.
- ☐ Monitor the incident site for LEL, O<sub>2</sub> and CO.
- ☐ Assign a response zone and initiate public protection measures to a safe distance based on the type of incident and readings of LEL, O<sub>2</sub> and CO.
- ☐ Monitor local weather conditions.
- ☐ Isolate the area to keep unauthorized personnel away.

## **6.9 OUT OF CONTROL WELL**

### **Response Actions:**

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ Determine the level of emergency utilizing the applicable provincial assessment matrix for classifying incidents (see page 2-5 and 2-9).
- ☐ Sound alarms, if applicable. Muster personnel and take head count.
- ☐ Recover unaccounted for personnel, resuscitate, revive, administer medical aid, provide transportation, as required.
- ☐ Dispatch first responders as required (police, fire, ambulance). Ensure they have been briefed about the hazards.
- ☐ Initiate public protection measures (see section 2 and applicable site specific ERPs).
- ☐ Report incident to applicable regulators and agencies (see page 2-17 to 2-30), request any required support.
- ☐ Understand the type of product and its immediate hazards, e.g. flammable/toxic vapours, fire hazards, etc. Approach the site from an upwind or crosswind direction.
- ☐ Don't approach the site without appropriate backup.
- ☐ Ensure an appropriate air monitoring strategy is employed.
- ☐ Assess the nature of the problem. Prepare appropriate responses to gain control, shut down, isolate, de-pressure or contain the well.
- ☐ Isolate the area (e.g., mobilize roadblocks) as part of public protection measures and to keep unauthorized people safety away from the incident location.
- ☐ Consider a well control expert if necessary.
- ☐ Establish containment measures to limit the spread of a liquid release; prevent released fluids from entering a watershed.

## 6.10 HIGH VAPOUR PRESSURE (HVP) / NATURAL GAS LIQUID (NGL) RELEASE

### Response Actions:

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ Determine the level of emergency utilizing the applicable provincial assessment matrix for classifying incidents (see page 2-5 and 2-9).
- ☐ Initiate public protection measures (see section 2 and applicable site specific ERPs).
- ☐ Report incident to applicable regulators and agencies (see page 2-17 to 2-30), request any required support.
- ☐ Don't approach the site without appropriate back-up.
- ☐ When possible eliminate all potential ignition sources; this includes vehicles. Certain circumstances may call for a planned ignition, see Section 5 for ignition overview and criteria.
- ☐ Review the regulated site specific emergency response plan if applicable.
- ☐ Ensure you have the correct PPE for the hazards assessed. Responders must be equipped with breathing apparatus and Lower Explosive Limit (LEL) monitors.
- ☐ Understand the type of product and its immediate hazards, e.g. flammable/toxic vapours, fire hazards, etc. Extremely low temperatures exist when the liquid expands to the gaseous state. These temperatures can cause severe freezing to persons in proximity.
- ☐ Approach the site from an upwind or crosswind direction. A serious health hazard may exist due to the lack of oxygen surrounding a leak.
- ☐ Responders must be equipped with breathing apparatus and LEL monitors. The danger from fire/explosion exists when an escaping vapour mixes with air to within the upper explosive limit.
- ☐ Ensure an appropriate air monitoring strategy is employed.
- ☐ Monitor the area. Vapour may accumulate in river valleys, coulees or other low-lying areas.
- ☐ Monitor local weather conditions. Weather conditions such as temperature inversions, fog and wind will affect plume dispersions.
- ☐ Observe surrounding area for other possible ignition sources and take appropriate steps to eliminate these hazards: electrical switches, hot water heaters/house, furnaces, static electricity, arcing/sparking, etc.
- ☐ To ensure responder and public safety, isolate area to the size of the emergency planning zone (EPZ) identified in the applicable site specific ERP. In the absence of a calculated EPZ isolate to a radius of 1.6km until an established response area can be determined for the specific incident.
- ☐ Develop and Incident Action Plan (IAP).

## **6.11 PRODUCT TRANSPORTATION INCIDENT**

Harvest Operations Corp. is a member of Emergency Response Assistance Canada (ERAC), a not for profit cooperative that is a subsidiary of the Canadian Propane Association. ERAC is charged with preparing an Emergency Response Assistance Plan (ERAP) that is required by Transport Canada that outlines what industry will do to support first responders in the event of an emergency involving dangerous goods which require special expertise or equipment. ERAC also provides a network of experienced, trained Technical Advisors, Remedial Measures Advisors and Response Team who respond to rail, road and stationary tank Liquefied Petroleum Gas (LPG) emergencies and Flammable Liquids rail transport emergencies. Consideration should be given to contacting ERAC during an incident of this type to assist with response.

The priority of a product transportation incident is to protect the driver and the public from risk and prevent the product from impacting the environment. Harvest has developed the "Corporate Trucking Incident Management Procedure – HOC-HS-PR-0001" to provide guidance and direction on responding to and reporting any trucking related incident. The procedure should be referenced in addition to the below Response Actions in the event of a trucking incident.

### **Response Actions:**

- ☐ On discovery of a trucking related release that has the potential to be regulatory reportable or may cause an adverse effect to the environment, human health, safety or property, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ The Carrier (i.e., First Responder) to immediately report the incident to Harvest's 24 hour emergency # at 1-800-760-2826.
- ☐ The Carrier to immediately report the incident to the applicable regulatory body of jurisdiction
  - a) Alberta Energy & Environmental Emergency 24-Hour Response Line (EDGE), 1-800-222-6514 or
  - b) BC Emergency Management & Climate Readiness (EMCR), 1-800-663-3456
- ☐ Harvest's operations staff are responsible for all initial reporting/notification(s) as per the objectives established for the emergency response incident. Harvest will assume command and control of the incident immediately upon receiving notification of a trucking incident transporting Harvest product.
- ☐ On public roadways, Harvest will work with local fire department, RCMP/police and ambulance personnel to respond to the incident.
- ☐ Call 911.
- ☐ Secure incident site from on-coming traffic. Keep unauthorized personnel away.
- ☐ If safe to do so, provide medical aid to the driver and passengers involved in the incident.
- ☐ If possible, interview the driver and review the manifest for products, volumes and carrier company name.
- ☐ If available, review SDS or the Transport Canada, Emergency Response Guide (ERG) for product hazards, personal protective equipment (PPE) requirements, response action and public protection measure.
- ☐ If safe to do so, assess the container integrity and secure the leak.
- ☐ If safe to do so, contain and clean up spilled product.

### **LPG Transportation Incident:**

- ☐ As required, mobilize Emergency Response Assistance Canada (ERAC) and activate the Emergency Response Assistance Plan (ERAP). ERAC can be contacted at 1-800-265-0212. The Harvest ERAP # is.



## **6.12 SERIOUS INJURIES AND FATALITIES**

### **Response Actions:**

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ When an injury or fatality occurs, it may not be necessary to declare an alert or level of emergency if the situation is an isolated incident such as a vehicle accident, however, a level of emergency may be declared if an incident generates media interest.
- ☐ Try to remain calm and not panic.
- ☐ Call 911.
- ☐ All casualties must be provided with first aid/medical aid until they are pronounced deceased by a competent medical practitioner.
- ☐ As required, notify OH&S.
- ☐ Do not resume operations until the appropriate investigations have been completed and approval has been granted by the: local RCMP/local police, OH&S, WCB and/or the regulator.

## **6.13 NOTIFICATION OF NEXT OF KIN**

Notification of an injury or fatality may be received by Harvest in any number of ways e.g. from the employee's leader, calls to Harvest's reception, to the Harvest 24 Hour Emergency Number etc. Regardless of how the call was received, the Incident Director On-Call must be notified immediately and may assume role of Incident Commander if incident is unlikely to escalate. The Incident Director will notify the Chief Executive Officer (CEO) as soon as possible. It is vital that a timely and appropriate response is organized to effectively help the employee and the employee's family.

Timely communication with family members is imperative; informing family members that their loved one has been killed or injured is exceptionally difficult; Harvest must liaise with the police/RCMP as it may be a requirement that they attend or even be the persons to deliver this news; with advice from the police, it may be a good idea for a Harvest representative to accompany them. Whoever delivers the news should do so face to face; this information should never be given over the phone.

Efforts should be focused on offering support to the worker and to the family; Harvest should ensure that arrangements are made for transportation needs for family members to and from the hospital and any other appropriate assistance that they may require; for safety reasons, family members should not have to drive themselves.

**Even though assistance should be provided and support offered to the family as early as possible, it is important to remember that any representation from Harvest must wait until invited by the family to pay respects or to provide whatever support they can.**

### **Response Actions:**

- ☐ Harvest's Incident Director is responsible for ensuring the notification of next of kin is completed promptly.
- ☐ Next of kin must be notified when an employee or contractor is missing, seriously injured or dies while working for Harvest.
- ☐ Notifications regarding Harvest employees may need to be carried out in conjunction the police department.



**Response Actions – Cont’d.:**

- ☐ Consider conducting the notification accompanied by a co-worker or a family friend.
- ☐ Notifications regarding contractors should be made by their employers, offer assistance where able.
- ☐ If a member of the public is injured or killed as a result of company operations, notification must be coordinated through the local RCMP/police.
- ☐ Make the notification in person, not by telephone or through an intermediary.
- ☐ Identify and confirm the time and location of the incident and the present location of the casualty/deceased.
- ☐ Advise the next of kin that a senior company representative will be contacting them to discuss any immediate needs and to provide information on insurance coverage and benefits support. Follow up on this commitment.
- ☐ Leave your name and telephone number with family members.
- ☐ Offer assistance, such as transportation to the hospital.
- ☐ Do not leave next of kin alone. Offer to contact a neighbour, friend or relative.
- ☐ Guidelines for media notification include:
  - Do not release the names of casualties or missing persons before the next of kin are notified and always seek advice from the police department
  - Keep statements to the facts and do not speculate.
  - Do not discuss potential perceptions of liability or fault.
  - Ensure the next of kin are protected from media harassment.

**6.14 SEARCH AND RESCUE****Response Actions:**

- ☐ On discovery of a potential emergency situation, follow *6.1 Responses Common To All Incidents* (See Page 6-3).
- ☐ Each rescue situation requires unique procedures and may require special equipment and training; depending on the incident, consider contacting emergency services.
- ☐ If an employee has failed to routinely “report in”, notify the immediate supervisor.
- ☐ The search and rescue team should ensure that their own safety is not threatened and they must keep the immediate supervisor informed at all times.
- ☐ If it becomes necessary and it is safe to do so, dispatch a search and rescue team.
- ☐ If a casualty is discovered; if it is safe for the casualty and for the rescuer to do so, initiate rescue and administer first aid as required.
- ☐ Request the attendance of emergency services crews (fire, police and EMS may all be required).
- ☐ Pass on all relevant information to emergency services crews.
- ☐ Only move the casualty if it is absolutely necessary, e.g. to give CPR, if the scene is becoming unsafe, the casualty is likely to drown, etc.

## 6.15 HELICOPTER LANDING PROCEDURES

### Overview

These Helicopter Landing Procedures provide the typical steps to be carried out when mobilizing a helicopter for either medical or Rover support. They can be used for other situations as required.

### Helicopter Air Ambulance Service

Situations including serious injuries may require the mobilization of a Helicopter Air Ambulance Service. Air Ambulance services can be dispatched utilizing the Shock Trauma Air Rescue Service (STARS) Emergency Link Centre (ELC).

The STARS ELC is an advanced 24-hour communications centre providing one-call access to a variety of resources. If calling for an Ambulance, Police or Fire from a cellular or satellite telephone, call the STARS Emergency Link Centre. If calling from a landline, call directly to 911. **The Centre will patch you through to the closest available emergency service regardless of your location in Alberta.**

Around the province, the ELC plays several important roles. These roles range from receiving the first call for help from an organization or individual, to being called by a partner in the Chain of Survival for assistance with an emergency. The Chain of Survival can link local emergency services, emergency physicians and appropriate transportation providers into one conversation.

In all cases, the ELC's primary job is to connect all of the emergency and medical services into a single conversation to determine the most effective medical response for the patient and the particular situation. This includes the immediate coordination of medical advice, medical referral and transportation as required. Once determined, appropriate medical aid will be dispatched through the ELC, including dispatching other air ambulance services who may have better range to the emergency than STARS specific helicopters (e.g. HALO, Phoenix Heli-Flight etc.).

Note: ELC is not a replacement for 911; however, when calling from a cellphone some cellular towers have the potential to direct the caller to a 911 call centre not associated with the area. In non-remote areas utilize 911, but in remote areas call the ELC who will connect you to the appropriate first responders. ELC is also not a replacement for day-to-day medical coverage administered by on-site medics, for example.

| STARS EMERGENCY LINK CENTRE                           |                    |                |
|-------------------------------------------------------|--------------------|----------------|
| STARS – Emergency Link Centre                         | Calgary / Edmonton | 1-888-888-4567 |
| Direct                                                |                    | 403-299-0932   |
| Use 'Direct' line when calling from a satellite phone |                    |                |

### Preparation for helicopter landing

- ☐ Follow the STARS Landing Zone Information Card below (can also be utilized for other helicopter service companies). Additionally ensure the following are being established and/or observed:
  - Communicate site registration number to STARS, if applicable; determine Latitude and Longitude of landing zone for accurate dispatch transportation services.
  - The landing area must be free of buildings, trees, wires and other obstructions.
  - As required, set up roadblocks on either side (and beyond) of the landing area at a distance sufficient enough as not to obstruct rescue activities and interfere with the helicopter.
  - If safe to do so and available, park emergency vehicles under wires that cross a roadway. Leave vehicle warning lights on.
  - Do not drive or back vehicles up to helicopter.
  - No ignition sources are allowed in the area of the helicopter.



## LANDING ZONE INFORMATION CARD



### STEP 1

Advise your dispatch centre which channel you will be using to communicate with STARS.

### STEP 2

Select an area for the landing zone that is downwind from the incident site (unless hazardous materials or gases are present).



INCIDENT SITE



### STEP 3

Select an area for the landing zone that is a minimum of 36 metres (or 120 feet, or 36 paces) from the incident site.



INCIDENT SITE

**36 METRES**

(120 FEET OR 36 PACES)



### STEP 4

Select a flat, level surface for the landing zone; preferably pavement or concrete, if available.



### STEP 5

Ensure the landing zone area is clear of wires, poles, trees and debris.



### STEP 6

Mark out a 36 metre by 36 metre (120 feet x 120 feet, or 36 paces x 36 paces) square, and mark the corners with LED beacons, heavy pylons or any other bright conspicuous objects easily seen from the air.



### STEP 7

Brief STARS crew via radio or cell phone and stand at the middle of the upwind side of the landing zone with the wind at your back.

Monitor radio frequency to communicate with the STARS team.

As the helicopter approaches, go down on one knee and DO NOT MOVE from your position.

Do not approach the helicopter at any time unless escorted by the STARS crew.

### LANDING ZONE HAND SIGNALS



ALL CLEAR TO LAND



ALL CLEAR TO DEPART



ABORT LANDING

## **LANDING ZONE BRIEFING FOR STARS CREW**



### STEP 1

Identify yourself and confirm the Landing Zone Officer is present, with the landing zone secure.

### STEP 2

Communicate the location of the landing zone using N/E/S/W to reference the incident scene or other landmarks.

### STEP 3

Identify the type of surface for the landing zone (field, road, other).

### STEP 4

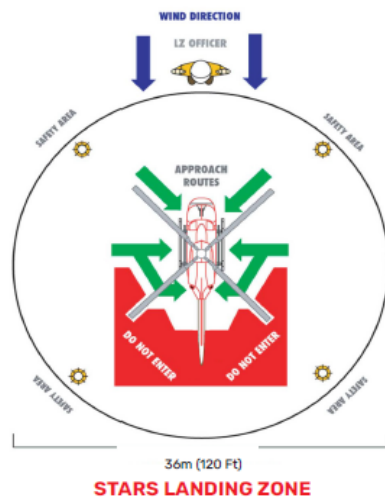
State what marking the corners of the landing zone: LED beacons, heavy pylons or any other bright conspicuous objects easily seen from the air.

### STEP 5

Communicate the wind direction and approximate speed.

### STEP 6

Identify the hazards in the area of the landing zone such as wires, poles, trees, or hazardous materials using N/E/S/W in reference to the landing zone.



### SPECIAL CONSIDERATION

Remove any loose debris and indicate if there is snow or dust in the landing zone. If dusty, water down the landing zone, if possible, prior to the helicopter's arrival. As marshaller, maintain your position at the middle of the upwind side of the landing zone, go down on one knee and **DO NOT MOVE** from your position as the helicopter lands.

If you have any questions or comments regarding this landing zone information card or would like to watch our landing zone video, please visit [stars.ca](https://stars.ca)



**EMERGENCY LINK CENTRE 1-888-888-4567**

This number can also be used to provide a landing briefing to the STARS crew if radio communications are not available.

**SITE #**

**LOCATION**

**STARS Radio Communications Frequencies**

| STARS RADIO COMMUNICATIONS FREQUENCIES                                                                                                                                                                                                                                                     |                           |                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------|
| Channel                                                                                                                                                                                                                                                                                    | Mobile Rx Frequency (MHz) | Mobile Tx Frequency (MHz) |
| LADD #1                                                                                                                                                                                                                                                                                    | 154.1000                  | 154.1000                  |
| LADD #2                                                                                                                                                                                                                                                                                    | 158.9400                  | 158.9400                  |
| LADD #3                                                                                                                                                                                                                                                                                    | 154.3250                  | 154.3250                  |
| LADD #4                                                                                                                                                                                                                                                                                    | 173.3700                  | 173.3700                  |
| STARS Air Ambulance has access to all four LADD radio frequencies. When calling the STARS Emergency Link Centre, indicate what LADD Channel is preferred. The Link Centre will communicate the channel with the pilots allowing for radio communications with the helicopter, if required. |                           |                           |

**Helicopter Rover Support**

When mobilizing a helicopter for Rover duties, follow the procedures outlined below:

- ☐ Utilize procedures from STARS Landing Zone Information Card above, as able.
- ☐ The landing area must be clear of buildings, trees, wires and other obstructions.
- ☐ Select a suitable landing area for a helicopter. The landing area should be as convenient to the Incident Command Post (ICP) or Remote Command Post (RCP) as is safe.
- ☐ A local air strip is a good spot for a helicopter landing area.
- ☐ The landing area should be at least 36 x 36 metres square with streamers (if available) at each of the four corners. If necessary, set out flares to delineate the landing area.
- ☐ As required, set up roadblocks on either side (and beyond) of the landing area at a distance sufficient enough as not to obstruct rescue activities and interfere with the helicopter.
- ☐ If available, erect a wind sock 5 metres off the ground about 50 metres from the centre of the landing area.
- ☐ Keep back 36 metres from landing area during helicopter landing and take-off.
- ☐ No smoking or ignition sources are allowed in the area of the helicopter.
- ☐ A Harvest representative (Rover) will accompany the helicopter to act as local area knowledge.
- ☐ Approach the helicopter only when instructed to by the pilot. Always approach a helicopter from the front, staying within the 10 and 2 o'clock position. Keep your hands down and head low.
- ☐ The Helicopter Rover must have contact with their immediate supervisor.

## **6.16 SITE SPECIFIC EMERGENCY RESPONSE INFORMATION**

Many of Harvest's operational field areas are required under regulations to develop a production area or site specific emergency response plan; these emergency response plans contain response information including:

- A description of the operational area
- Directions to the area
- Contact names and numbers of Harvest personnel, first responders, regulatory and government agencies, support agencies, contract services etc.
- Contact names and numbers of entities that are inside the emergency planning and response zones
- A map of the production area
- A hazard assessment on the wells, pipelines and facilities

These production ERPs are supplements to, and are to be used in conjunction with, this emergency response plan. Site Specific ERPs can be found at the area field office and/or the area main battery or plant. Each area foreman and lead operator is provided with a copy of the plan and it can also be found on the S drive of Harvest's computer network system at <s://Environment, Health and Safety/Emergency Response/ERP Plans>.

## **6.17 SAFETY DATA SHEETS**

For a complete listing of Safety Data Sheets (SDS) for each product Harvest produces or utilizes, refer to SDS Sheets on location or access through Chemscape Safety Technologies at <https://harvest.sdsbinders.com>. SDSs include data on First Aid Measures, Fire Fighting Measures, Accidental Release Measures, Handling and Storage, Stability and Reactivity, Toxicological Information, Ecological Information, Disposal Considerations, Transport Information and Regulatory Information.



## 6.18 HAZARD AWARENESS AND RISK ASSESSMENT

Harvest has a comprehensive Environmental Health and Safety Management System (EHSMS). Section 2 of the EHSMS contains the policy and procedures for hazard identification, risk assessment and putting controls in place to eliminate or reduce the hazard. Section 3.6 of the EHSMS contains a list of tasks identified as 'high risk'; a Job Safety Analysis (JSA) or written procedure associated with these tasks. The JSA validation and verification procedure can be found on the O drive of Harvest's computer network. The Safety, Health, Environment, Regulatory (SHER) group can assist with locating these documents if required.

Below is a copy of the Risk Assessment Steps.

| <b>Step 2 Determine Probability</b>                                                             |                                                                                            |                                                                               |                                                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>Remote</b>                                                                                   | <b>Possible</b>                                                                            | <b>Probable</b>                                                               | <b>Expected</b>                                                                        |
| Remote chance – not expected to occur in Harvest's operations. Isolated occurrences in industry | Possibility of rare incidents. One occurrence possible in Harvest's operations in 10 years | Probable to occur. One occurrence probable in Harvest's operations in 2 years | Repeated occurrence expected. One or more occurrences per year in Harvest's operations |

|                 |              | Step 1 Determine Severity Category                 |                                                                     |                                                                |                                                                                                 |
|-----------------|--------------|----------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
|                 |              | People                                             | Environment                                                         | Financial                                                      | Public                                                                                          |
| Severity Rating | Unacceptable | Lost time Injury, permanent disability or fatality | Major impact to streams, groundwater, etc. reportable to regulators | Damage or loss \$500K or more, downtime 1 month or more        | ERP Level 3 Incident, National attention, shelter in place or evacuation of multiple residences |
|                 | High         | Medical treatment or restricted duty               | Off lease or with adverse effect. Reportable to Regulators          | Loss between \$50K - \$500K, downtime 1 week to 1 month        | ERP Level 2 Incident, Provincial attention, warnings issued to public                           |
|                 | Medium       | First Aid Injury                                   | On lease but reportable to regulators                               | Damage or loss from \$1000 to \$50K, down time 1 day to a week | ERP Level 1 Incident, Local concern or complaint from public                                    |
|                 | Low          | No foreseeable injury                              | On lease release but not reportable to regulators                   | Damage or loss up to \$1000, down timeless than 1 day          | ERP Alert Level No impact to public                                                             |

|                 |              | Step 3 Determine Risk Probability |          |          |          |
|-----------------|--------------|-----------------------------------|----------|----------|----------|
|                 |              | Remote                            | Possible | Probable | Expected |
| Severity Rating | Unacceptable | M                                 | U        | U        | U        |
|                 | High         | L                                 | M        | U        | U        |
|                 | Medium       | L                                 | L        | M        | M        |
|                 | Low          | L                                 | L        | L        | L        |

| <b>Step 4 Assign Risk Ranking</b> |                                                                                                                                                         |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>U</b>                          | <b>Unacceptable</b> – Work must not proceed – or if ongoing; must stop immediately until hazard controls are implemented to reduce risk to a low level. |
| <b>M</b>                          | <b>Medium</b> – Must implement hazard controls to reduce hazard to a low level.                                                                         |
| <b>L</b>                          | <b>Low</b> – Some hazard control may still be justified.                                                                                                |

## **6.19 POST INCIDENT**

### **Post Incident Report**

Harvest is required to prepare and submit an incident report to the regulatory agency within the required time period for any of the following occurrences:

- Any level 1, 2 or 3 incident (emergency)
- Any incident involving a pipeline
- When requested by the regulatory agency

### **Post-Incident Debrief**

A post-incident debrief refers to a conversational session that revolves around the sharing and examining of information after an incident has occurred. It is not meant to be a negative finger-pointing exercise or to find someone to blame; it is designed to help all personnel learn and improve. It can also help reduce the potential for PTSD or other psychological issues.

The debrief must be documented and all records retained.

Below is a list of some of the considerations to take into account when carrying out an incident debrief:

- When do you do the debrief; timing is important, too soon after the incident and not all the information may be available; too late after the incident and any impact is likely to be lost
- Who carries out the briefing; it should be someone who is familiar with the incident and the response and preferably someone with experience in this kind of meeting
- Who should be included and invited to the debrief session e.g. responders, emergency services, government and regulatory agencies, third party service providers etc.
- Why is the debrief being carried out i.e. what are the objectives of the debrief
- How or why it occurred; depending on the timing of the debrief, the answers to these questions may not be apparent until an incident investigation has been completed

Some of the information to provide and questions arising from the incident may include:

- General information e.g. what occurred, date, time, location
- Was Harvest's response effective
- Were the incident objectives met
- What went well and what can we improve on, e.g.:
  - Was there effective communications between all responders and between command posts?
  - Were correct resources available
  - Were emergency response procedures effective
  - Were there any media issues
  - Were there any organizational barriers
  - What was the cost of the incident and the response
- What are the lessons learned and what is the action plan going forward



**Critical Incident Stress Debriefing (CISD)**

CISD is a specific technique designed to assist others in dealing with the physical or psychological symptoms that are generally associated with trauma exposure.

One method of CISD is a supportive intervention process where personnel can engage in a crisis-focused discussion of a traumatic event (critical incident); the main objective being:

1. Mitigation of the impact of a traumatic incident
2. Facilitation of the normal recovery process
3. CISD functions as a screening opportunity to identify personnel who might benefit from additional support services.

Following an incident, supervisors should be vigilant for signs and symptoms of personnel who may be suffering from stress as a result of the incident; signs and symptoms include:

**Physical signs:**

- Fatigue
- Nausea
- Twitches
- Visual difficulties
- Dizziness

**Cognitive signs:**

- Blaming others
- Confusion
- Poor concentration
- Loss of time, place or person orientation

**Emotional signs:**

- Anxiety
- Guilt
- Grief
- Depression

**Behavioural signs:**

- Withdrawal
- Emotional outbursts
- Alcohol consumption
- Erratic movements

If a supervisor knows or suspects any Harvest personnel of showing these symptoms which could indicate stress following an incident, the supervisor must contact Harvest's Human Resources as soon as possible; Harvest personnel have access to private and confidential counselling under the Employer and Family Assistance Program (EFAP).

## 6.20 MEDIA

### Overview

When an incident occurs that affects responders, the health and safety of the public, the environment or causes property damage, the incident could attract media interest. It is important that Harvest addresses the media appropriately and uses media relations as a tool to provide timely public safety messages to disseminate accurate information regarding the incident while reducing the potential for any misinformation.

**NOTES: All statements of news releases related to an incident must be approved by the Incident Commander.**

**Once approved by the Incident Commander, Harvest will coordinate media releases with the local petroleum regulatory agency prior to release to ensure consistency and accuracy of information. Information can be communicated through the designated spokesperson, a news release, a press conference or another effective means Harvest chooses to use.**

Harvest supports cooperating with the media within a well-managed channel of communication. Only authorized spokespersons representing Harvest should communicate with the media to ensure consistent, factual and timely information is provided.

During the course of an incident, Harvest field staff may be approached by media through phone calls or on-site visits; should this occur a statement consistent with the example given below should be communicated:

**Harvest Operations Corp. is in the process of investigating an operational incident. As part of Harvest's response, an Information Officer has been established who can address any media inquiries and provide a statement on behalf of the Company. The Information Officer can be reached at:**

**Phone:** .....

**E-mail:** .....

Collect the media representative's name and contact number and immediately forward to the Information Officer and Incident Commander for further follow-up.

### Field Staff and Media Communication

Should media personnel arrive at the incident site, consider the following:

- The media should not be allowed into the Emergency Planning Zone (EPZ) or Hazard Response Zone (HRZ) unless authorized by the Incident Commander.
- An information centre should be set up and if so, it will be the only location where on-scene information bulletins will be issued.
- If access to the EPZ/HRZ or incident site is granted, media personnel must be escorted by Harvest personnel while on Harvest property for their safety.

**General Media Guidelines - For Authorized Spokespersons**

- Do not wait until contacted by the media to prepare a media statement. The designated Information Officer or Incident Commander should gather all the facts and immediately prepare Form MDA 2 – Preliminary Media Statement (See Section 8) and forward it to response personnel who may encounter media (e.g., Receptionists, roadblock personnel, etc.).
- Be cooperative, but do not allow the media to endanger you or others in their quest for information or pictures.
- Assume that all interviews, including telephone interviews, are being recorded.
- Note the reporters name, contact number and organization.
- The Incident Commander, Incident Director and Information Officer must be informed of any discussions with media personnel.

**Before an Interview with the Media**

- Refer to the Form MDA 2 – Preliminary Media Statement (See Section 8), or other media statements as distributed by the Information Officer and/or Incident Commander.
- Keep in mind the journalism questions of who, what, why, where and when.
- Clarify the facts.
- Try to anticipate questions that may be asked and prepare your answer.

**During an Interview**

- Have the entire interview recorded or transcribed for company records. Ensure that all parties involved are made aware that the interview is being recorded.
- Take control and respond only to an orderly question and answer session.
- Listen carefully to each question and ask for clarification if necessary.
- Try to keep your answers brief.
- Provide the information about the incident as it becomes available. Do not release it 'bit by bit' if the full picture is known.
- Try to bridge from the facts to the positive steps that Harvest is taking to protect responders, the public and the environment.
- Avoid using the names of people or companies. If the names must be used, ensure that the information is correct.
- If you don't know the answer to a question say "I don't know". Do not speculate or guess. Tell the interviewer that you will get back to them with the answer.
- Do not comment on rumors or speculation.

**Remember**

- Do not use the phrase "No Comment".
- Do not release the names of any injured or missing persons.
- Deaths must be confirmed by a medical doctor.
- Do not make comments "off the record". Anything said to a reporter is on the record.
- Be careful of your comments and actions made after the interview, the cameras are always rolling.
- Honour your promises to the media.

**Information Required for Media Personnel**

Authorized spokesperson(s) will be appointed by the Incident Commander in consultation with the Incident Director of the Emergency Management Support Team (EMST). Spokesperson(s) will be provided with applicable briefings and media statements from the Information Officer.

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## **7.0 CORPORATE TELEPHONE DIRECTORY**

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|     |                                                                |     |
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## **7.1 HARVEST OPERATIONS CORP.**

24-hour Emergency Number **1-800-760-2826**

(Number also utilized for internal contact of Incident Director On-Call)

Main Calgary Office Switchboard (Daytime only) 403-265-1178

Calgary Office Fax

Address

Harvest Operations Corp.  
1000, 700 – 9 Avenue S.W.  
Calgary, AB T2P 3V4

## **7.2 HARVEST – CORPORATE EMERGENCY COORDINATION CENTRE (CECC)**

### **Primary Corporate Emergency Coordination Centre (CECC)**

Corporate Emergency Coordination Centre (CECC) Number

Address: Harvest Operations Corp.  
1000, 700 – 9 Avenue S.W.  
Calgary, AB T2P 3V4

### **Alternate Corporate Emergency Coordination Centre (CECC)**

### 7.3 HARVEST – AREA CALL-DOWN LIST

| HARVEST AREA CALL-DOWN LIST |          |        |
|-----------------------------|----------|--------|
| Contact                     | Cellular | E-mail |
| HAY – Area 1                |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
| GRANDE PRAIRIE – Area 2     |          |        |
|                             |          |        |
|                             |          |        |
| WEST – Area 3               |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
| EAST – Area 4               |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
| BLACKGOLD – Area 5          |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |
|                             |          |        |



## 7.4 HARVEST - EMERGENCY MANAGEMENT SUPPORT TEAM (EMST)

| HARVEST CORPORATE EMERGENCY MANAGEMENT SUPPORT TEAM |       |        |      |          |
|-----------------------------------------------------|-------|--------|------|----------|
| Contact                                             | Title | Office | Home | Cellular |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated Incident Director(s)                     |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Information Support Lead(s)         |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Safety Support Lead(s)              |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Liaison Support Lead(s)             |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Operations Support Lead(s)          |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated Telephoner(s)                            |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Planning Support Lead(s)            |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Documentation Unit                  |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |
| Designated CECC Situation Unit                      |       |        |      |          |
|                                                     |       |        |      |          |
|                                                     |       |        |      |          |

| HARVEST CORPORATE EMERGENCY MANAGEMENT SUPPORT TEAM      |       |        |      |          |
|----------------------------------------------------------|-------|--------|------|----------|
| Contact                                                  | Title | Office | Home | Cellular |
| Designated CECC Logistics Support Lead(s)                |       |        |      |          |
|                                                          |       |        |      |          |
|                                                          |       |        |      |          |
|                                                          |       |        |      |          |
| Designated CECC Finance / Administration Support Lead(s) |       |        |      |          |
|                                                          |       |        |      |          |
|                                                          |       |        |      |          |
|                                                          |       |        |      |          |
| Additional Support Personnel                             |       |        |      |          |
|                                                          |       |        |      |          |
|                                                          |       |        |      |          |

## 7.5 REGULATORY AGENCY EMERGENCY CONTACTS

| REGULATORY AGENCY EMERGENCY CONTACT                |                |
|----------------------------------------------------|----------------|
| Alberta Energy Regulator (AER)                     | 1-800-222-6514 |
| BC Emergency Management & Climate Readiness (EMCR) | 1-800-663-3456 |
| Canada Energy Regulator (CER)                      | 819-997-7887   |
| Pipeline Emergency                                 | 403-807-9473   |
| Facility/Operations Emergency                      |                |

Note: All emergencies and spills in the BC area are reported to the BC Energy Regulator (BCER) through Emergency Management & Climate Readiness (EMCR).

Emergency notifications to the CER are reported through the Transportation Safety Board

Local Authorities (Municipal District, County, Regional Municipality, City, Town, Indigenous Bands within an identified IR boundary) must be contacted at a Level 1 Emergency if any members of the public are notified; roadblocks are established on any Municipality road(s) or numbered highway; or, Municipality assistance is required. The Local Authority must be contacted immediately in the event of a Level 2 or 3 emergency. Traditional Land Use Communities identified through Landscape Analysis Indigenous Relations Tool (LAIRT)

<https://geospatial.alberta.ca/LAT/Viewer/?TermsOfUseRequired=true&Viewer=LAT> for the location of the emergency will be notified of an incident as a stakeholder in the area.

Harvest's Indigenous Relations Advisor, based in the Calgary office, must be contacted and notified of any incident that may affect First Nation's or Metis communities. The Indigenous Relations Advisor has contact names and numbers of Indigenous communities and may take the lead when communication with these communities is necessary.

Section 9 of the corporate emergency response plan (CERP) contains information on emergency response equipment required and where it may be located.

Other emergency response equipment and resources that could be required may be provided by:

- Environmental agencies and contractors. Harvest's environmental team will be able to assist with environmental contractors contacts
- Service providers and resource suppliers
- Regulatory agency or local authority
- Mutual aid coops
- Emergency services

Contact names and numbers of the aforementioned groups can be found in the site specific/production ERP or in the area field office or main battery/plant.

WCSS area contacts can be found in the production or site specific ERP or at the following web site. <http://www.wcss.ab.ca/>

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## 8.0 FORMS

### CONTENTS

| FORMS                                                |                                             |                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form                                                 | Form Name                                   | Form Type                                                                                                                                                                                                                                                                                                            |
| ICS 200*                                             | Incident Action Plan Cover Sheet            | <b>Incident Command System (ICS)</b><br><br><i>Depending on the size, type and complexity of the incident, ICS Canada Forms not listed in this ERP may prove beneficial. Visit <a href="http://www.icscanada.ca/en/Forms.html">http://www.icscanada.ca/en/Forms.html</a> for the complete ICS Canada Forms deck.</i> |
| ICS 201                                              | Incident Briefing                           |                                                                                                                                                                                                                                                                                                                      |
| ICS 202*                                             | Incident Objectives                         |                                                                                                                                                                                                                                                                                                                      |
| ICS 203*                                             | Organization Assignment                     |                                                                                                                                                                                                                                                                                                                      |
| ICS 204*                                             | Assignment List                             |                                                                                                                                                                                                                                                                                                                      |
| ICS 204A*                                            | Assignment List Attachment                  |                                                                                                                                                                                                                                                                                                                      |
| ICS 205*                                             | Incident Radio Communication Plan           |                                                                                                                                                                                                                                                                                                                      |
| ICS 205A                                             | Communications List                         |                                                                                                                                                                                                                                                                                                                      |
| ICS 206*                                             | Medical Plan                                |                                                                                                                                                                                                                                                                                                                      |
| ICS 207*                                             | Incident Organization Chart                 |                                                                                                                                                                                                                                                                                                                      |
| ICS 208*                                             | Safety Message / Plan                       |                                                                                                                                                                                                                                                                                                                      |
| ICS 209                                              | Situation Status Summary                    |                                                                                                                                                                                                                                                                                                                      |
| ICS 211                                              | Check-In                                    |                                                                                                                                                                                                                                                                                                                      |
| ICS 211E                                             | Equipment Check-In                          |                                                                                                                                                                                                                                                                                                                      |
| ICS 211P                                             | Personnel Check-In                          |                                                                                                                                                                                                                                                                                                                      |
| ICS 213                                              | General Message                             |                                                                                                                                                                                                                                                                                                                      |
| ICS 213RR                                            | Resource Request Message                    |                                                                                                                                                                                                                                                                                                                      |
| ICS214                                               | Activity Log                                |                                                                                                                                                                                                                                                                                                                      |
| ICS 214A                                             | Individual Log / Time & Event               |                                                                                                                                                                                                                                                                                                                      |
| ICS 215                                              | Operational Planning Worksheet              |                                                                                                                                                                                                                                                                                                                      |
| ICS 215A                                             | Incident Action Plan Safety Analysis        |                                                                                                                                                                                                                                                                                                                      |
| ICS 230                                              | Meeting Schedule                            |                                                                                                                                                                                                                                                                                                                      |
| ICS 234                                              | Work Analysis Matrix                        |                                                                                                                                                                                                                                                                                                                      |
| *Required to complete the Incident Action Plan (IAP) |                                             |                                                                                                                                                                                                                                                                                                                      |
| PP 1                                                 | Notification (Voluntary Evacuation) Message | <b>Public Protection Messaging</b>                                                                                                                                                                                                                                                                                   |
| PP 2                                                 | Shelter-In-Place Message                    |                                                                                                                                                                                                                                                                                                                      |
| PP 3                                                 | Evacuation Message                          |                                                                                                                                                                                                                                                                                                                      |
| PP 4                                                 | Emergency Evacuation Notice                 |                                                                                                                                                                                                                                                                                                                      |
| PP 5                                                 | Roadblock Checkpoint Record                 | <b>Public Protection Tracking</b>                                                                                                                                                                                                                                                                                    |
| PP 6                                                 | Public Notification Record                  |                                                                                                                                                                                                                                                                                                                      |
| PP 7                                                 | Evacuee Registration Record                 |                                                                                                                                                                                                                                                                                                                      |
| PP 8                                                 | Expense Claim Form                          |                                                                                                                                                                                                                                                                                                                      |
| ENV 1                                                | Environmental Monitoring Record             | <b>Environmental Forms</b>                                                                                                                                                                                                                                                                                           |

| FORMS  |                                                                                                                                                                                                                                                |                            |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Form   | Form Name                                                                                                                                                                                                                                      | Form Type                  |
| MDA 1  | Preliminary Media Statement                                                                                                                                                                                                                    | <b>Media Forms</b>         |
| MDA 2  | Media Inquiry Report                                                                                                                                                                                                                           |                            |
| SEC 1  | Threatening Call / Bomb Threat Report                                                                                                                                                                                                          | <b>Security Forms</b>      |
| REG 1  | AB – First Call Communication Form                                                                                                                                                                                                             | <b>Regulatory Forms</b>    |
| REG 2  | AB – Release Report                                                                                                                                                                                                                            |                            |
| REG 3  | BC – Form A: Minor Incident Notification Form                                                                                                                                                                                                  |                            |
| REG 4  | BC – Form C: Emergency Incident Form                                                                                                                                                                                                           |                            |
| REG 5  | BC – Form D: Permit Holder Post Incident Report                                                                                                                                                                                                |                            |
| REG 6  | CER – Significant Incident Reporting (This is an on-line reporting process through the Online Event Reporting System (OERS) available at <a href="https://apps.cer-rec.gc.ca/ERS/Home/Index/">https://apps.cer-rec.gc.ca/ERS/Home/Index/</a> ) |                            |
| REG 7  | Wildfire Control                                                                                                                                                                                                                               | <b>Miscellaneous Forms</b> |
| MISC 1 | Hand Off Document                                                                                                                                                                                                                              |                            |

**INCIDENT ACTION PLAN COVER SHEET (ICS 200)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                              |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
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| <b>1. Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;"><b>2. Operational Period to be covered by IAP (Date/Time):</b></td><td style="width: 40%; border: none;"><b>From:</b></td></tr><tr><td style="border: none;"></td><td style="border: none;"><b>To:</b></td></tr></table> | <b>2. Operational Period to be covered by IAP (Date/Time):</b> | <b>From:</b>             |                          | <b>To:</b>                    |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <b>2. Operational Period to be covered by IAP (Date/Time):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>From:</b>                                                                                                                                                                                                                                                                                                 |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
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| <b>3. Approved by:</b><br><br>I/C SPOKESPERSON _____<br><br>U/C _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                              |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <b>INCIDENT ACTION PLAN</b><br><br>The items checked below are included in this Incident Action Plan:<br><br><table style="width: 100%; border: none;"><tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td>ICS 200 (IAP Cover Page)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 202 (Incident Objectives)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 203 (Organization Assignment List)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 204 (Assignment Lists)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 204a (Assignment List Attachments)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 205 (Communications Plan)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 206 (Medical Plan)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 207 (Organizational Chart)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>ICS 208 (Safety Message / Plan)</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maps</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr></table> |                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/>                                       | ICS 200 (IAP Cover Page) | <input type="checkbox"/> | ICS 202 (Incident Objectives) | <input type="checkbox"/> | ICS 203 (Organization Assignment List) | <input type="checkbox"/> | ICS 204 (Assignment Lists) | <input type="checkbox"/> | ICS 204a (Assignment List Attachments) | <input type="checkbox"/> | ICS 205 (Communications Plan) | <input type="checkbox"/> | ICS 206 (Medical Plan) | <input type="checkbox"/> | ICS 207 (Organizational Chart) | <input type="checkbox"/> | ICS 208 (Safety Message / Plan) | <input type="checkbox"/> | Maps | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ | <input type="checkbox"/> | _____ |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICS 200 (IAP Cover Page)                                                                                                                                                                                                                                                                                     |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICS 204 (Assignment Lists)                                                                                                                                                                                                                                                                                   |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
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| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ICS 208 (Safety Message / Plan)                                                                                                                                                                                                                                                                              |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Maps                                                                                                                                                                                                                                                                                                         |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____                                                                                                                                                                                                                                                                                                        |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <table style="width: 100%; border: none;"><tr><td style="width: 60%; border: none;"><b>4. Prepared by:</b></td><td style="width: 40%; border: none;"><b>Date/Time</b></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                              | <b>4. Prepared by:</b>                                         | <b>Date/Time</b>         |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |
| <b>4. Prepared by:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Date/Time</b>                                                                                                                                                                                                                                                                                             |                                                                |                          |                          |                               |                          |                                        |                          |                            |                          |                                        |                          |                               |                          |                        |                          |                                |                          |                                 |                          |      |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |                          |       |

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**INCIDENT BRIEFING (ICS 201)**

|                                                                                                                                                                                                                                                                                                                         |                                      |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------|
| <b>1. Incident Name:</b>                                                                                                                                                                                                                                                                                                | <b>2. Incident Number:</b>           | <b>3. Date/Time Initiated:</b><br>Date: _____ Time: _____ |
| <b>4. Map/Sketch:</b><br>(include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment)                                                   |                                      |                                                           |
| <b>5. Situation Summary and Health and Safety Briefing</b> (for briefings or transfer of command):<br>Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards. |                                      |                                                           |
| <b>6. Prepared by:</b><br>Name: _____<br>Position/Title: _____                                                                                                                                                                                                                                                          | Signature: _____<br>Date/Time: _____ | ICS 201<br>Page 1 of 6                                    |

## 7. Current and Planned Objectives:

### 8. Current and Planned Actions, Strategies, and Tactics:

[illegible]

**INCIDENT BRIEFING (ICS 201)**

**9. Current Organization** (fill in additional organization as appropriate):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Incident Commander</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Information Officer (Calgary Based)</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Safety Officer</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Assistant Information Officer (Field Based)</b><br/> N: _____<br/> P: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Liaison Officer</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Operations Section Chief</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Planning Section Chief</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Logistics Section Chief</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Finance / Administration Section Chief</b><br/> Name: _____<br/> Phone: _____ </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Staging Area Manager</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>On-Site Branch Director</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Site Safety</b> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>On-Site Group Supervisor(s)</b> </div> <div style="border: 1px solid black; padding: 5px;"> <b>On-Site Resources</b> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Resources Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Documentation Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Public Protection Branch Director</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Roadblock Group Supervisor</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Roadblock Team(s)</b> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Situation Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Demobilization Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Technical Leader / Specialist(s)</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Rover / Evacuation Group Supervisor</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Rover / Evacuation Team(s)</b> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Services Branch Director</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Communications Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Food Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Medical Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Environmental Monitoring Group Supervisor</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Environmental Monitoring Team(s)</b> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Support Branch Director</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Supply Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Facilities Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Ground Support Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Telephone Notification Group Supervisor</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Telephoner(s)</b> </div> | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Time Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Procurement Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Compensation / Claims Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Cost Unit Leader</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Reception Centre Group Supervisor</b><br/> N: _____<br/> P: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Reception Centre Representative(s)</b> </div> |

## 10. Resources Summary:

## FORMS

**ICS 201 Completion Instructions** (Page 5 of 6)

**Purpose:** The Incident Briefing (ICS 201) provides the Incident Commander (and the Command and General Staffs) with basic information regarding the incident situation and the resources allocated to the incident. In addition to a briefing document, the ICS 201 also serves as an initial action worksheet. It serves as a permanent record of the initial response to the incident.

**Preparation:** The briefing form is prepared by the Incident Commander for presentation to the incoming Incident Commander along with a more detailed oral briefing.

| Item # | Item Title                                                                                                                                                                                                                                              | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                                                                                                                                                                                                                           | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 2      | Incident Number                                                                                                                                                                                                                                         | Enter the EON number assigned to the incident, if applicable.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 3      | Date/Time Initiated <ul style="list-style-type: none"> <li>Date, Time</li> </ul>                                                                                                                                                                        | Enter date initiated (month/day/year) and time initiated (using the 24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4      | Map/Sketch (include sketch, showing the total area of operations, the incident site/area, impacted and threatened areas, overflight results, trajectories, impacted shorelines, or other graphics depicting situational status and resource assignment) | <p>Show perimeter and other graphics depicting situational status, resource assignments, incident facilities, and other special information on a map/sketch or with attached maps. Utilize commonly accepted ICS map symbology.</p> <p>If specific geospatial reference points are needed about the incident's location or area outside the ICS organization at the incident, that information should be submitted on the Incident Status Summary (ICS 209).</p> <p>North should be at the top of page unless noted otherwise.</p> |
| 5      | Situation Summary and Health and Safety Briefing (for briefings or transfer of command):                                                                                                                                                                | Recognize potential incident Health and Safety Hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.                                                                                                                                                                                                                                                                                                                  |
| 6      | Prepared by <ul style="list-style-type: none"> <li>Name</li> <li>Position/Title</li> <li>Signature</li> <li>Date/Time</li> </ul>                                                                                                                        | Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                 |
| 7      | Current and Planned Objectives                                                                                                                                                                                                                          | Enter the objectives used on the incident and note any specific problem areas.                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 8      | Current and Planned Actions, Strategies, and Tactics <ul style="list-style-type: none"> <li>Time</li> <li>Actions</li> </ul>                                                                                                                            | Enter the current and planned actions, strategies, and tactics and time they may or did occur to attain the objectives. If additional pages are needed, use a blank sheet or another ICS 201 (Page 2), and adjust page numbers accordingly.                                                                                                                                                                                                                                                                                        |

**ICS 201 Completion Instructions** (Page 6 of 6)

|           |                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9</b>  | Current Organization (fill in additional organization as appropriate) <ul style="list-style-type: none"><li>• Incident Commander(s)</li><li>• Liaison Officer</li><li>• Safety Officer</li><li>• Information Officer</li><li>• Planning Section Chief</li><li>• Operations Section Chief</li><li>• Finance/Administration Section Chief</li><li>• Logistics Section Chief</li></ul> | <ul style="list-style-type: none"><li>• Enter on the organization chart the names of the individuals assigned to each position.</li><li>• Modify the chart as necessary, and add any lines/spaces needed for Command Staff Assistants, Agency Representatives, and the organization of each of the General Staff Sections.</li><li>• If Unified Command is being used, split the Incident Commander box.</li><li>• Indicate agency for each of the Incident Commanders listed if Unified Command is being used.</li></ul>                                                                                                                                                                                                                  |
| <b>10</b> | Resource Summary <ul style="list-style-type: none"><li>• Resource</li><li>• Resource Identifier</li><li>• Date/Time Ordered</li><li>• ETA</li><li>• Arrived</li><li>• Notes (location/assignment/status)</li></ul>                                                                                                                                                                  | <p>Enter the following information about the resources allocated to the incident. If additional pages are needed, use a blank sheet or another ICS 201 (Page 4), and adjust page numbers accordingly.</p> <p>Enter the number and appropriate category, kind, or type of resource ordered.</p> <p>Enter the relevant agency designator and/or resource designator (if any).</p> <p>Enter the date (month/day/year) and time (24-hour clock) the resource was ordered.</p> <p>Enter the estimated time of arrival (ETA) to the incident (use 24-hour clock).</p> <p>Enter an "X" or a checkmark upon arrival to the incident.</p> <p>Enter notes such as the assigned location of the resource and/or the actual assignment and status.</p> |

**Distribution:** Ideally, the ICS 201 is duplicated and distributed before the initial briefing of the Command and General Staffs or other responders as appropriate. The "Map/Sketch" and "Current and Planned Actions, Strategies, and Tactics" sections (pages 1–2) of the briefing form are given to the Situation Unit, while the "Current Organization" and "Resource Summary" sections (pages 3–4) are given to the Resources Unit.

**Notes:**

- The ICS 201 can serve as part of the initial Incident Action Plan (IAP).
- If additional pages are needed for any form page, use a blank ICS 201 and repaginate as needed.



|                                                                        |  |                                                 |                             |                                |                             |
|------------------------------------------------------------------------|--|-------------------------------------------------|-----------------------------|--------------------------------|-----------------------------|
| 1. Incident Name:                                                      |  | 2. Date Prepared:                               |                             | 3. Time:                       |                             |
| 4. Operational Period:                                                 |  | Date from:<br>Time from:                        |                             | Date to:<br>Time to:           |                             |
| 5. General Control Objectives For The Incident (Include alternatives): |  |                                                 |                             |                                |                             |
| Primary Objectives:                                                    |  |                                                 | Alternative Objectives:     |                                |                             |
| 1. Responder / Public (Life) Safety                                    |  |                                                 |                             |                                |                             |
| 2. Environmental Protection                                            |  |                                                 |                             |                                |                             |
| 3. Control & Containment                                               |  |                                                 |                             |                                |                             |
| 4. Protect Corporate Reputation                                        |  |                                                 |                             |                                |                             |
| 6. Weather Forecast (for current operational period):                  |  |                                                 |                             |                                |                             |
| Temperature                                                            |  | Current: °C                                     |                             | Min: °C                        |                             |
|                                                                        |  |                                                 |                             | Max: °C                        |                             |
| Wind Speed                                                             |  | Km/h                                            |                             | Wind Gust                      |                             |
|                                                                        |  |                                                 |                             | Km/h                           |                             |
| Wind Direction (FROM)                                                  |  | <input type="checkbox"/> N                      | <input type="checkbox"/> NE | <input type="checkbox"/> E     | <input type="checkbox"/> SE |
|                                                                        |  |                                                 |                             | <input type="checkbox"/> S     | <input type="checkbox"/> SW |
|                                                                        |  |                                                 |                             |                                | <input type="checkbox"/> W  |
|                                                                        |  |                                                 |                             |                                | <input type="checkbox"/> NW |
| Humidity                                                               |  | %                                               |                             |                                |                             |
| Probability of Precipitation                                           |  | %                                               |                             |                                |                             |
| Precipitation Type                                                     |  | <input type="checkbox"/> Clear                  |                             | <input type="checkbox"/> Rain  |                             |
|                                                                        |  |                                                 |                             | <input type="checkbox"/> Snow  |                             |
| Visibility                                                             |  | Km                                              |                             |                                |                             |
| Outlook for Remainder of Operational Period if different than above    |  |                                                 |                             |                                |                             |
| 7. General Safety Message                                              |  |                                                 |                             |                                |                             |
| 8. Attachments (Check if attached)                                     |  |                                                 |                             |                                |                             |
| <input type="checkbox"/> Organization List (ICS 203 or ICS 207)        |  | <input type="checkbox"/> Medical Plan (ICS 206) |                             | <input type="checkbox"/> _____ |                             |
| <input type="checkbox"/> Assignment List (ICS 204)                     |  | <input type="checkbox"/> Incident Map           |                             | <input type="checkbox"/> _____ |                             |
| <input type="checkbox"/> Communications Plan (ICS 205)                 |  | <input type="checkbox"/> Traffic Plan           |                             | <input type="checkbox"/> _____ |                             |
| 9. Prepared by: Name:                                                  |  | Title:                                          |                             | Signature:                     |                             |
|                                                                        |  | (If other than Planning Section Chief)          |                             |                                |                             |
| 10. Approved by Incident Commander:                                    |  | Signature:                                      |                             | Date/Time:                     |                             |
| Name:                                                                  |  |                                                 |                             | IAP Page #:                    |                             |

## ICS 202 Completion Instructions

**Purpose:** The Incident Objectives form (ICS 202) describes the basic incident strategy, incident objectives, command emphasis/priorities, weather and safety considerations for use during the operational period.

**Preparation:** The ICS 202 is completed by the Planning Section following each Command and General Staff meeting conducted to prepare the Incident Action Plan (IAP). In case of a Unified Command (UC), one Incident Commander (IC) may approve the ICS 202. If additional IC signatures are used, attach a blank page.

| Item # | Item Title                                  | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                               | Enter the name assigned to the incident                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2      | Date                                        | Enter the Date the form was initiated                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 3      | Time                                        | Enter the Time the form was initiated                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4      | Operational Period<br>Date/time from/to     | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies.                                                                                                                                                                                                                                                                                                                                         |
| 5      | General Control Objectives for the Incident | Enter clear, concise statements of the objectives for managing the response. Ideally, these objectives will be listed in priority order. These objectives are for the incident response for this operational period as well as for the duration of the incident. Include alternative and/or specific tactical objectives as applicable. Objectives should follow the <b>SMART</b> (Specific, Measurable, Action-oriented, Realistic and Time-sensitive) model or similar approach. |
| 6      | Weather Forecast                            | Enter a general weather forecast for the operational period.                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 7      | General Safety Message                      | If a safety message is included here, it should be reviewed by the Safety Officer to ensure alignment with the Safety Message/Plan (ICS 208).                                                                                                                                                                                                                                                                                                                                      |
| 8      | Attachments                                 | Check appropriate forms and list other relevant documents that are included in the IAP.<br><br>Other attachments may include: Blank Unit Logs, detail weather, phone lists, etc.                                                                                                                                                                                                                                                                                                   |
| 9      | Prepared by (date and time)                 | Enter the name (and position if other than the Planning Section Chief) of the person completing the form.                                                                                                                                                                                                                                                                                                                                                                          |
| 10     | Approved by IC                              | Enter the name and indicate position of the person approving the form. In the case of a Unified Command, one IC may approve the ICS 202. If additional IC signatures are used, attach a blank page.                                                                                                                                                                                                                                                                                |

**Distribution:** The ICS 202 may be reproduced with the IAP and may be part of the IAP and given to all supervisory personnel at the Section, Branch, Division/Group and Unit levels. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 202 is part of the IAP and can be used as the opening or cover page.
- If additional pages are needed, use a blank ICS 202 and repaginate as needed.



**ORGANIZATION ASSIGNMENT LIST (ICS 203)**

|                                                    |      |                                           |                               |             |          |
|----------------------------------------------------|------|-------------------------------------------|-------------------------------|-------------|----------|
| <b>1. Incident Name:</b>                           |      | <b>2. Operational Period:</b>             |                               | Date from:  | Date to: |
|                                                    |      |                                           |                               | Time from:  | Time to: |
| <b>3. Incident commander(s) and Command Staff:</b> |      |                                           | <b>7. Operations Section:</b> |             |          |
| IC/UCs                                             |      | Chief                                     |                               |             |          |
|                                                    |      | Deputy                                    |                               |             |          |
| Deputy                                             |      | Staging Area                              |                               |             |          |
| Safety Officer                                     |      | <b>Branch</b>                             |                               |             |          |
| PIO                                                |      | Branch Director                           |                               |             |          |
| Liaison Officer                                    |      | Deputy                                    |                               |             |          |
| <b>4. Agency/Organization Representatives:</b>     |      | Division/Group                            |                               |             |          |
| Agency/Organization                                | Name | Division/Group                            |                               |             |          |
|                                                    |      | Division/Group                            |                               |             |          |
|                                                    |      | Division/Group                            |                               |             |          |
|                                                    |      | Division/Group                            |                               |             |          |
| <b>5. Planning Section:</b>                        |      | <b>Branch</b>                             |                               |             |          |
| Chief                                              |      | Branch Director                           |                               |             |          |
| Deputy                                             |      | Deputy                                    |                               |             |          |
| Resources Unit                                     |      | Division/Group                            |                               |             |          |
| Situation Unit                                     |      | Division/Group                            |                               |             |          |
| Documentation Unit                                 |      | Division/Group                            |                               |             |          |
| Demobilization Unit                                |      | Division/Group                            |                               |             |          |
| Technical Specialists                              |      | <b>Branch</b>                             |                               |             |          |
|                                                    |      | Branch Director                           |                               |             |          |
|                                                    |      | Deputy                                    |                               |             |          |
| <b>6. Logistics Section:</b>                       |      | Division/Group                            |                               |             |          |
| Chief                                              |      | Division/Group                            |                               |             |          |
| Deputy                                             |      | Division/Group                            |                               |             |          |
| <b>Support Branch</b>                              |      | Division/Group                            |                               |             |          |
| Director                                           |      | <b>Air Operations Branch</b>              |                               |             |          |
| Supply Unit                                        |      | Air Ops Br. Dir.                          |                               |             |          |
| Facilities Unit                                    |      | <b>8. Finance/Administration Section:</b> |                               |             |          |
| Ground Support Unit                                |      | Chief                                     |                               |             |          |
| <b>Service Branch</b>                              |      | Deputy                                    |                               |             |          |
| Director                                           |      | Time Unit                                 |                               |             |          |
| Communications Unit                                |      | Procurement Unit                          |                               |             |          |
| Medical Unit                                       |      | Comp/Claims Unit                          |                               |             |          |
| Food Unit                                          |      | Cost Unit                                 |                               |             |          |
| <b>9. Prepared by: Name:</b>                       |      | Title:                                    |                               | Date/Time:  |          |
| Signature:                                         |      | (If other than Resource Unit)             |                               | IAP Page #: |          |

### ICS 203 Completion Instructions

**Purpose:** The Organization Assignment List (ICS 203) provides ICS personnel with information on the units that are currently activated and the names of personnel staffing each position/unit. It is used to complete the Incident Organization Chart (ICS 207) which is posted on the Incident Status Display. An actual organization will be incident or event-specific. **Not all positions need to be filled.** Some blocks may contain more than one name. The size of the organization is dependent on the magnitude of the incident, and can be expanded or contracted as necessary.

**Preparation:** The Resources Unit prepares and maintains this list under the direction of the Planning Section Chief. Complete only the blocks for the positions being used for the incident. If a trainee is assigned to a position, indicate this with a "T" in parentheses behind the name (e.g. "A. Smith (T)").

| Item # | Item Title                              | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                           | Enter the name assigned to the incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 2      | Operational Period                      | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 3      | Incident Commander(s) and Command Staff | Enter the names of the Incident Commander(s) and Command Staff. Label Assistants to Command Staff as such (e.g. "Assistant Safety Officer"). For all Individuals, use at least the first initial and last name. For Unified Command, also include agency names                                                                                                                                                                                                                                                                                                                                                                                               |
| 4      | Agency / Organization                   | Enter the agency/organization names and the names of their representatives. For Representatives all individuals, use at least the first initial and last name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5      | Planning Section                        | Enter the name of the Planning Section Chief, Deputy and Unit Leaders after each position title. List Technical Specialists with an indication of specialty. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name                                                                                                                                                                                                                                                                                                                    |
| 6      | Logistics Section                       | Enter the name of the Logistics Section Chief, Deputy, Branch Directors and Unit Leaders after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name                                                                                                                                                                                                                                                                                                                                                             |
| 7      | Operations Section                      | Enter the name of the Operations Section Chief, Deputy, Branch Director(s), Deputies and personnel staffing each of the listed positions. For Divisions/Groups, enter the Division/Group identifier in the left column and the individual's name in the right column. Branches and Divisions/Groups may be named for functionality or by geography. For Divisions/Groups, indicate Division/Group Supervisor. Use an additional page if more than three Branches are activated. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name |
| 8      | Finance / Administration Section        | Enter the name of the Finance/Administration Section Chief, Deputy and Unit Leaders after each position title. If there is a shift change during the specified operational period, list both names, separated by a slash. For all individuals, use at least the first initial and last name                                                                                                                                                                                                                                                                                                                                                                  |
| 9      | Prepared by                             | Enter the name, signature of the person preparing the form, and the date (month/day/year) and time (24 hour clock) prepared                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

**Distribution:** The ICS 203 is duplicated, attached to the Incident Objectives (ICS 202) and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

**Notes:** - The ICS 203 serves as part of the IAP. If additional pages are needed, use a blank ICS 203 and repaginate as needed. Also, if needed, more than one name can be put into each block by inserting a slash.  
- ICS allows for organizational flexibility, so the intelligence/investigations function can be embedded in several different places within the organizational structure



|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
|-------------------------------------------------------------------------------------------|--------|----------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------------------|--|
| <b>1. Incident Name:</b>                                                                  |        | <b>2. Operational Period:</b>                                              |                                                    | <b>3. Branch:</b>                                                               |  |
|                                                                                           |        | Date from: _____<br>Time from: _____                                       |                                                    | Date to: _____<br>Time to: _____                                                |  |
| <b>4. Operations Personnel:</b>                                                           |        |                                                                            |                                                    | <b>Division:</b>                                                                |  |
| Name: _____                                                                               |        |                                                                            |                                                    | <b>Group:</b>                                                                   |  |
| Contact #: _____                                                                          |        |                                                                            |                                                    | <b>Staging Area:</b>                                                            |  |
| Operations Section Chief: _____                                                           |        |                                                                            |                                                    |                                                                                 |  |
| Branch Director: _____                                                                    |        |                                                                            |                                                    |                                                                                 |  |
| Division/Group Supervisor: _____                                                          |        |                                                                            |                                                    |                                                                                 |  |
| <b>5. Resources Assigned:</b>                                                             |        |                                                                            |                                                    |                                                                                 |  |
| Resource Identifier                                                                       | Leader | # of Persons                                                               | Contact (e.g. Phone, pager, radio frequency, etc.) | Reporting Location, Special Equipment and Supplies, Remarks, Notes, Information |  |
|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
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|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
| <b>6. Work Assignments:</b>                                                               |        |                                                                            |                                                    |                                                                                 |  |
|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
| <b>7. Special Instructions:</b>                                                           |        |                                                                            |                                                    |                                                                                 |  |
|                                                                                           |        |                                                                            |                                                    |                                                                                 |  |
| <b>8. Communications</b> (radio and/or phone contact numbers needed for this assignment): |        |                                                                            |                                                    |                                                                                 |  |
| Name/Function                                                                             |        | Primary Contact: indicate cell, pager, or radio (frequency/system/channel) |                                                    |                                                                                 |  |
| _____ / _____                                                                             |        | _____                                                                      |                                                    |                                                                                 |  |
| _____ / _____                                                                             |        | _____                                                                      |                                                    |                                                                                 |  |
| _____ / _____                                                                             |        | _____                                                                      |                                                    |                                                                                 |  |
| _____ / _____                                                                             |        | _____                                                                      |                                                    |                                                                                 |  |
| _____ / _____                                                                             |        | _____                                                                      |                                                    |                                                                                 |  |
| <b>9. Prepared by:</b> Name:                                                              |        | Title:                                                                     |                                                    | Date/Time:                                                                      |  |
| Signature: _____                                                                          |        | (If other than Resource Unit)                                              |                                                    | I/C Approval: _____                                                             |  |

### ICS 204 Completion Instructions

**Purpose:** The Assignment List(s) (ICS 204) informs Division and Group supervisors of incident assignments. Once the Command and General Staffs agree to the assignments, the assignment information is given to the appropriate Divisions and Groups.

**Preparation:** The ICS 204 is normally prepared by the Resources Unit, using guidance from the Incident Objectives (ICS 202), Operational Planning Worksheet (ICS 215), and the Operations Section Chief. It is completed as a team, Operations, Safety and Logistics. The Incident Commander must approve it.

| Item # | Item Title                | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name             | Enter the name assigned to the incident                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2      | Operational Period        | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 3      | Branch / Division / Group | This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group and Staging Area (e.g. "Branch 1", "Division D", "Group 1A") in large letters for ease of reference                                                                                                                                                                                                                                                                                                                                                           |
| 4      | Operations Personnel      | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s) and Division/Group Supervisors                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5      | Resources Assigned        | Enter the following information about the resources assigned to the Division or Group for this period:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|        | Resource Identifier       | The identifier is a unique way to identify a resource (e.g. ENG-13, IA-SCC-413). If the resource has been ordered but no identification has been received, use TBD (to be determined)                                                                                                                                                                                                                                                                                                                                                                                                      |
|        | Leader                    | Enter resource leader's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|        | # of Persons              | Enter total number of persons for the resource assigned, including the leader                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | Contact (e.g. phone...)   | Enter primary means of contacting the leader or contact person. Be sure to include the area code when listing a phone number.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | Reporting location...     | Provide special notes or directions specific to this resource. If required, add notes to indicate: 1) specific location/time where the resource should report or be dropped off/picked up; 2) special equipment and supplies that will be used or needed; 3) whether or not the resource received briefings; 4) transportation needs; or 5) other information                                                                                                                                                                                                                              |
| 6      | Work Assignments          | Provide a statement of the tactical objectives to be achieved within the operational period by personnel assigned to this Division or Group                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 7      | Special Instructions      | Enter a statement noting any safety problems, specific precautions to be exercised, drop off or pick up points, or other important information. Completed by Safety Officer.                                                                                                                                                                                                                                                                                                                                                                                                               |
| 8      | Communications            | Enter specific communications information (including emergency numbers) for this Branch/Division/Group. If radios are being used, enter function (command, tactical, support, etc.), frequency, system, and channel from the Incident Radio Communications Plan (ICS 205). Phone and pager numbers should include the area code and any satellite phone specifics. In light of potential IAP distribution, use sensitivity when including cell numbers. Add a secondary contact (phone number or radio) if needed. Completed by the Communications Unit under the Logistics Section Chief. |
| 9      | Prepared by               | Enter the name and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24 hour clock).                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

**Distribution:** The ICS 204 is duplicated, attached to the ICS 202 and given to all recipients as part of the IAP. In some cases, assignments may be communicated via radio/telephone/fax. All completed original forms must be given to the Documentation Unit.

**Notes:** - The ICS 204 details assignments at Division and Group levels and is part of the IAP. Multiple pages/copies can be used if needed. If additional pages are needed, use an ICS 204a to add additional information.

**ASSIGNMENT LIST ATTACHMENT (ICS 204A)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>1. Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>2. Operational Period:</b><br>Date from: _____ Date to: _____<br>Time from: _____ Time to: _____ | <b>3. Branch:</b><br><br><b>Division:</b><br><br><b>Group:</b><br><br><b>Staging Area:</b> |
| <b>4. Operations Personnel:</b> Name _____ Contact Numbers _____<br>Operations Section Chief: _____<br>Branch Director: _____<br>Division/Group Supervisor: _____                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |                                                                                            |
| <b>5. Strike Team / Task Force / Resource Identifier</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>6. Leader</b>                                                                                    | <b>7. Assignment Location</b>                                                              |
| <b>8. Work Assignments Special Instructions (if any):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                            |
| <b>9. Special Equipment / Supplies Needed for Assignment (if any):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     |                                                                                            |
| <b>10. Special Environmental Considerations (if any):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                     |                                                                                            |
| <b>11. Special Site-Specific Safety Considerations (if any):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                            |
| <b>12. Other Attachments (as needed):</b><br><input type="checkbox"/> Map <input type="checkbox"/> Shoreline Cleanup Assessment Team Report<br><input type="checkbox"/> Weather forecast <input type="checkbox"/><br><b>Other Attachments:</b><br><div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/><br/> <input type="checkbox"/><br/> <input type="checkbox"/> </div> <div> <input type="checkbox"/><br/> <input type="checkbox"/><br/> <input type="checkbox"/> </div> </div> |                                                                                                     |                                                                                            |
| <b>9. Prepared by: Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Title:</b><br>(If other than Resource Unit)                                                      | <b>Date/Time:</b>                                                                          |
| Signature: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | <b>IAP Page #:</b>                                                                         |

## ICS 204A Completion Instructions

**Purpose:** The Assignment List Attachment (ICS 204A) is used as an attachment to the ICS 204 itself to provide more detail to the personnel who are executing the work assignment. This is particularly helpful in documenting the specific work assigned to a Strike Team (ST) or Task Force (TF) working under a Division or Group

**Preparation:** The ICS 204A is the responsibility of the Planning Section, but Operations and Safety complete the form as part of an IAP. Technical Specialists may also be helpful in completing these forms, particularly when highly specialized work activities are occurring, such as hazardous materials response, diving operations or salvage operations.

| Item # | Item Title                                            | Instructions                                                                                                                                                                                                                     |
|--------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                         | Enter the name assigned to the incident                                                                                                                                                                                          |
| 2      | Operational Period<br>Date/time from/to               | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies.                                                                                       |
| 3      | Branch / Division / Group                             | This block is for use in a large IAP for reference only. Write the alphanumeric abbreviation for the Branch, Division, Group and Staging Area (e.g. "Branch 1", "Division D", "Group 1A") in large letters for ease of reference |
| 4      | Operations Personnel                                  | Enter the name and contact numbers of the Operations Section Chief, applicable Branch Director(s) and Division/Group Supervisors                                                                                                 |
| 5      | Strike Team / Task Force<br>Resource Identifier       | Enter the appropriate resource identifier (i.e. name or number)                                                                                                                                                                  |
| 6      | Leader                                                | Enter the name of the Strike Team / Task Force Leader                                                                                                                                                                            |
| 8      | Work Assignments Special<br>Instructions              | Enter any special instructions for the work assignments, if any.                                                                                                                                                                 |
| 9      | Special Equipment / Supplies<br>Needed for Assignment | List any special equipment or supplies required for the assignment, if any.                                                                                                                                                      |
| 10     | Special Environmental<br>Considerations               | List any applicable environmental considerations applicable to the                                                                                                                                                               |
| 11     | Special Site-Specific Safety<br>Considerations        | List any applicable site-specific safety considerations, if any.                                                                                                                                                                 |
| 12     | Other Attachments                                     | Identify any additional attachments as needed.                                                                                                                                                                                   |
| 13     | Prepared by                                           | Enter the name and signature of the person preparing the form.<br>Enter date (month/day/year) and time prepared (24 hour clock).                                                                                                 |

**Distribution:** The ICS 204A (if required) is attached to the ICS 204, included in the IAP and given to all supervisory personnel at the Section, Branch, Division/Group and Unit levels. All completed original forms must be given to the Documentation Unit

**Notes:**

- The ICS 204A is an optional part of the IAP.
- If additional pages are needed, use a blank ICS 204A and repaginate as needed.



|                                                              |         |                                                 |                  |                                                                                                                       |         |
|--------------------------------------------------------------|---------|-------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------|---------|
| <b>1. Incident Name:</b>                                     |         | <b>2. Date/Time Prepared:</b><br>Date:<br>Time: |                  | <b>3. Operational Period:</b><br>Date From:                      Date To:<br>Time From:                      Time To: |         |
| <b>4. BASIC RADIO CHANNEL UTILIZATION:</b>                   |         |                                                 |                  |                                                                                                                       |         |
| System / Type                                                | Channel | Function                                        | Frequency / Tone | Assignment                                                                                                            | Remarks |
|                                                              |         |                                                 |                  |                                                                                                                       |         |
|                                                              |         |                                                 |                  |                                                                                                                       |         |
|                                                              |         |                                                 |                  |                                                                                                                       |         |
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|                                                              |         |                                                 |                  |                                                                                                                       |         |
|                                                              |         |                                                 |                  |                                                                                                                       |         |
|                                                              |         |                                                 |                  |                                                                                                                       |         |
| <b>5. Special Instructions:</b>                              |         |                                                 |                  |                                                                                                                       |         |
| <b>6. Prepared by</b> (Communications Unit Leader):<br>Name: |         |                                                 |                  |                                                                                                                       |         |
| Signature:                                                   |         |                                                 |                  | IAP Page #:                                                                                                           |         |

### ICS 205 Completion Instructions

- Purpose:** The Incident Radio Communications Plan (ICS 205) provides information on all radio frequency or trunked radio system talk group assignments for each operational period. The plan is a summary of information obtained about available radio frequencies or talk groups and the assignments of those resources by the Communications Unit Leader for use by incident responders. Information from the Incident Radio Communications Plan on frequency or talk group assignments is normally placed on the Assignment List (ICS 204).
- Preparation:** The ICS 205 is prepared by the Communications Unit Leader and given to the Planning Section Chief for inclusion in the Incident Action Plan. This form should be updated each operational period.

| Item # | Item Title                      | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                   | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 2      | Date/Time Prepared              | Enter date prepared (month/day/year) and time prepared (using the 24-hour clock).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3      | Operational Period              | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 4      | Basic Radio Channel Utilization | Enter the following information about radio channel use: <ul style="list-style-type: none"><li>• System / Type<br/>Use this field to describe the owner of the radio system (if multi systems are used on same incident. I.e., DNR, DOT, DFO, and "Type" examples are: Cellular, Satellite, UHF, VHF, etc.</li><li>• Channel<br/>Use at the Communications Unit Leader's discretion. Channel Number (Ch #) may equate to the channel number for incident radios that are programmed or cloned for a specific Communications Plan, or it may be used just as a reference line number on the ICS 205 document.</li><li>• Function<br/>Enter the Net function each channel or talk group will be used for (Command, Tactical, Ground-to-Air, Air-to-Air, Support, Dispatch).</li><li>• Frequency / Tone<br/>Enter the transmit (Tx) and receive (Rx) frequencies for each channel if available (Site specific section of ERP, if available, may contain radio channel information under 'Communications'). Also include any sub audible, Network Access or CTCSS tones if applicable. This information is useful for field programmable radios.</li><li>• Assignment<br/>Enter the name of the ICS Branch/Division/Group/Section to which this channel/talk group will be assigned.</li><li>• Remarks<br/>Enter miscellaneous information concerning how to contact the assigned personnel</li></ul> |
| 5      | Special Instructions            | Enter any special instructions or other emergency communications needs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 6      | Prepared by                     | Enter the name, ICS position, and signature of the person preparing the form, typically it will be the Communications Unit Leader.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

- Distribution:** The ICS 205 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the Incident Action Plan (IAP). All completed original forms must be given to the Documentation Unit. Information from the ICS 205 is placed on Assignment Lists.
- Notes:**
- If ICS 205 is used to provide, in one location, information on all radio frequency assignments down to the Division/Group level for each operational period.
  - If additional pages are needed, use a blank ICS 205 and repaginate as needed.
  - The ICS 205 serves as part of the IAP.



**COMMUNICATIONS LIST (ICS 205A)**

|                                                             |                     |                                                    |                   |                 |
|-------------------------------------------------------------|---------------------|----------------------------------------------------|-------------------|-----------------|
| <b>1. Incident Name:</b>                                    |                     | <b>2. Operational Period:</b>                      | <b>Date from:</b> | <b>Date to:</b> |
|                                                             |                     |                                                    | <b>Time from:</b> | <b>Time to:</b> |
| <b>3. Basic Local Communications Information:</b>           |                     |                                                    |                   |                 |
| Incident Assigned Position                                  | Name (alphabetized) | Method(s) of Contact<br>(Phone, pager, cell, etc.) |                   |                 |
|                                                             |                     |                                                    |                   |                 |
|                                                             |                     |                                                    |                   |                 |
|                                                             |                     |                                                    |                   |                 |
|                                                             |                     |                                                    |                   |                 |
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|                                                             |                     |                                                    |                   |                 |
|                                                             |                     |                                                    |                   |                 |
| <b>4. Prepared by</b> (Communications Unit Leader)<br>Name: |                     |                                                    | Date / Time:      |                 |
| Signature:                                                  |                     |                                                    | IAP Page #:       |                 |

**This document may contain sensitive personal information. Not to be posted on information boards or in documents distributed to general incident population or the public.**

### ICS 205A Completion Instructions

**Purpose:** The ICS 205A – Communications List records methods of contact for incident personnel. While the Incident Radio Communications Plan (ICS 205) is used to provide information on all radio frequencies down to the Division/Group Level, the ICS 205A indicates all methods of contact for personnel assigned to the incident (radio frequencies, phone numbers, pager numbers, etc.) and functions as an incident directory.

**Preparation:** This list can be filled out during check-in and is maintained and distributed by Communications Unit personnel. This form should be updated each operational period.

| Item # | Item Title                                        | Instructions                                                                                                                                                                                                                  |
|--------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                     | Enter the name assigned to the incident                                                                                                                                                                                       |
| 2      | Operational Period                                | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies                                                                                     |
| 3      | Basic Local Communications                        | Enter the communications methods assigned and used for personnel by their assigned ICS position.                                                                                                                              |
|        | • Incident Assigned Position                      | Enter the ICS organizational assignment.                                                                                                                                                                                      |
|        | • Name                                            | Enter the name of the assigned person.                                                                                                                                                                                        |
|        | • Method(s) of Contact (Phone, pager, cell, etc.) | For each assigned position, enter the radio frequency and contact number(s), including area code, etc. If applicable, include the vehicle license or ID number assigned to the vehicle for the incident (e.g. HAZMAT 1, etc.) |
| 4      | Prepared by                                       | Enter the name and signature of the person preparing the form, and the date (month/day/year) and time (24 hour clock) prepared                                                                                                |

**Distribution:** The ICS 205A is distributed within the ICS organization by the Communications Unit and posted as necessary. All completed original forms must be given to the Documentation Unit. If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it is not for public release.

**Notes:**

- The ICS 205A is part of the IAP and is used in conjunction with the ICS 205.
- If additional pages are needed, use a blank ICS 205A and repaginate as needed.

**MEDICAL PLAN (ICS 206)**

|                          |                              |                |                               |                          |                      |
|--------------------------|------------------------------|----------------|-------------------------------|--------------------------|----------------------|
| <b>1. Incident Name:</b> | <b>2. Date/Time Prepared</b> | Date:<br>Time: | <b>3. Operational Period:</b> | Date from:<br>Time from: | Date to:<br>Time to: |
|--------------------------|------------------------------|----------------|-------------------------------|--------------------------|----------------------|

  
**4. Incident Medical Aid Station(s):**

| Name | Location | Contact Number(s) / Frequency | Paramedics on site                                    |
|------|----------|-------------------------------|-------------------------------------------------------|
|      |          |                               | <input type="checkbox"/> Y <input type="checkbox"/> N |
|      |          |                               | <input type="checkbox"/> Y <input type="checkbox"/> N |
|      |          |                               | <input type="checkbox"/> Y <input type="checkbox"/> N |
|      |          |                               | <input type="checkbox"/> Y <input type="checkbox"/> N |
|      |          |                               | <input type="checkbox"/> Y <input type="checkbox"/> N |

  
**5. Transportation** (indicate air or ground):

| Ambulance Service | Location | Contact Number(s) / Frequency | Level of Service             |                              |
|-------------------|----------|-------------------------------|------------------------------|------------------------------|
|                   |          |                               | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS |
|                   |          |                               | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS |
|                   |          |                               | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS |
|                   |          |                               | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS |
|                   |          |                               | <input type="checkbox"/> ALS | <input type="checkbox"/> BLS |

  
**6. Hospitals:**

| Hospital Name | Address Latitude & Longitude if Helipad | Contact Number(s) / Frequency | Travel Time Air / Ground | Trauma Centre                          | Burn Centre (Y/N)                                        | Helipad (Y/N)                                            |
|---------------|-----------------------------------------|-------------------------------|--------------------------|----------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
|               |                                         |                               |                          | <input type="checkbox"/> Yes<br>Level: | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|               |                                         |                               |                          | <input type="checkbox"/> Yes<br>Level: | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|               |                                         |                               |                          | <input type="checkbox"/> Yes<br>Level: | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|               |                                         |                               |                          | <input type="checkbox"/> Yes<br>Level: | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |
|               |                                         |                               |                          | <input type="checkbox"/> Yes<br>Level: | <input type="checkbox"/> Y<br><input type="checkbox"/> N | <input type="checkbox"/> Y<br><input type="checkbox"/> N |

  
**7. Special Medical Emergency Procedures:**

☐ Check box if aviation assets are utilized for rescue. If assets are used, coordinate with Air Operations.

|                                                   |             |
|---------------------------------------------------|-------------|
| <b>8. Prepared by</b> (Medical Unit Leader) Name: | Signature:  |
| <b>9. Approved by</b> (Safety Officer): Name:     | Signature:  |
|                                                   | Date/Time:  |
|                                                   | IAP Page #: |

### ICS 206 Completion Instructions

**Purpose:** The Medical Plan (ICS 206) provides information on incident medical aid stations, transportation services, hospitals and medical emergency procedures.

**Preparation:** The ICS 206 is prepared by the Medical Unit Leader and reviewed by the Safety Officer to ensure ICS coordination. If aviation assets are utilized for rescue, coordinate with Air Operations.

| Item # | Item Title                                                                                                                                                                           | Instructions                                                                                                                                                                                                                                                                                                                                                                                      |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                                                                                                                                                        | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                          |
| 2      | Date / Time Prepared                                                                                                                                                                 | Enter the date and time (24-hour clock) the plan was prepared. A medical plan could remain unchanged throughout the duration of the incident.                                                                                                                                                                                                                                                     |
| 3      | Operational Period                                                                                                                                                                   | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies.                                                                                                                                                                                                                                                        |
| 4      | Incident Medical Aid Stations <ul style="list-style-type: none"><li>Name</li><li>Location</li><li>Contact Number/Frequency</li><li>Paramedics on site?</li></ul>                     | Enter the following information on the incident medical aid station(s):<br>Enter the name of the medical aid station.<br>Enter the location of the medical aid station (e.g. Staging Area, Camp Ground etc.).<br>Contact information for the medical aid station (phone number a/o radio frequency).<br>Indicate Yes or No to whether there are paramedics at the site.                           |
| 5      | Transportation (indicate Air or Ground) <ul style="list-style-type: none"><li>Ambulance Service</li><li>Location</li><li>Contact Number/Frequency</li><li>Level of Service</li></ul> | Enter the following information for ambulance services available to the incident.<br>Enter the name of the ambulance service.<br>Enter the location of the ambulance service.<br>Contact information for the ambulance service (phone number a/o radio frequency).<br>Indicate the level of service available for each ambulance, either ALS (Advanced Life Support) or BLS (Basic Life Support). |
| 6      | Hospitals                                                                                                                                                                            | Enter the applicable information for hospitals that could serve this incident. If hospital has a helipad, latitude and longitude data format need to compliment Medical Evacuation Helicopters and Medical Air Resources.                                                                                                                                                                         |
| 7      | Special Medical Emergency Procedures<br><br>Check box if aviation assets are utilized for rescue.                                                                                    | Note any special emergency instructions for use by incident personnel, including 1) who should be contacted, 2) how, and 3) who manages an incident within an incident due to a rescue, accident, etc. Include procedures for how to report medical emergencies.<br>Self-explanatory. Incident assigned aviation assets should be included in ICS 220.                                            |
| 8      | Prepared by                                                                                                                                                                          | Enter name and signature of person preparing the plan, typically the Medical Unit Leader.                                                                                                                                                                                                                                                                                                         |
| 9      | Approved by                                                                                                                                                                          | Enter name and signature of person who approved the plan, typically the Safety Officer. Enter the date (month/day/year) and time (24 hour clock) approved.                                                                                                                                                                                                                                        |

**Distribution:** The ICS 206 is duplicated and attached to the Incident Objectives (ICS 202) and given to all recipients as part of the IAP. Information from the plan pertaining to incident medical aid stations and medical emergency procedures may be noted on the Assignment List (ICS 204). All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 206 serves as part of the IAP
- This form can include multiple pages.

INCIDENT ORGANIZATION CHART (ICS 207)

1. Incident Name

2. Operational Period  
Date From:  
Time From:  
Date To:  
Time To:

3. Prepared By  
Name:  
Signature:  
Date:  
Time:

Incident Commander  
Name:  
Phone:

Information Officer  
(Calgary Based)  
Name:  
Phone:

Assistant Information Officer  
(Field Based)  
N:  
P:

Safety Officer  
Name:  
Phone:

Liaison Officer  
Name:  
Phone:

Operations Section Chief  
Name:  
Phone:

Planning Section Chief  
Name:  
Phone:

Logistics Section Chief  
Name:  
Phone:

Finance / Administration Section Chief  
Name:  
Phone:

Staging Area Manager  
N:  
P:

On-Site Branch Director  
N:  
P:

Site Safety

On-Site Group Supervisor(s)

On-Site Resources

Resources Unit Leader  
N:  
P:

Documentation Unit Leader  
N:  
P:

Public Protection Branch Director  
N:  
P:

Roadblock Group Supervisor  
N:  
P:

Roadblock Team(s)

Situation Unit Leader  
N:  
P:

Demobilization Unit Leader  
N:  
P:

Technical Leader / Specialist(s)  
N:  
P:

Rover / Evacuation Group Supervisor  
N:  
P:

Rover / Evacuation Team(s)

Services Branch Director  
N:  
P:

Communications Unit Leader  
N:  
P:

Food Unit Leader  
N:  
P:

Medical Unit Leader  
N:  
P:

Environmental Monitoring Group Supervisor  
N:  
P:

Environmental Monitoring Team(s)

Support Branch Director  
N:  
P:

Supply Unit Leader  
N:  
P:

Facilities Unit Leader  
N:  
P:

Ground Support Unit Leader  
N:  
P:

Telephone Notification Group Supervisor  
N:  
P:

Telephoner(s)

Time Unit Leader  
N:  
P:

Procurement Unit Leader  
N:  
P:

Compensation / Claims Unit Leader  
N:  
P:

Cost Unit Leader  
N:  
P:

Reception Centre Group Supervisor  
N:  
P:

Reception Centre Representative(s)

EMERGENCY MANAGEMENT SUPPORT TEAM  
(CORPORATE)

Incident Director  
Name:  
Phone:

Harvest President / CEO & C-Level (As applicable)

Operations Support Lead  
Name:  
Phone:

Technical Specialist(s)

Planning Support Lead  
Name:  
Phone:

CECC Situation Unit Leader  
N:  
P:

CECC Documentation Unit Leader  
N:  
P:

Technical Specialist(s)

Information Support Lead  
Name:  
Phone:

Safety Support Lead  
Name:  
Phone:

Liaison Support Lead  
Name:  
Phone:

Logistics Support Lead  
Name:  
Phone:

Technical Specialist(s)

Finance / Administration Support Lead  
Name:  
Phone:

Technical Specialist(s)

OPERATIONS (DOERS)

LOGISTICS (GETTERS)

COMMAND (BOSS)

PLANNING (THINKERS)

FINANCE/ADMINISTRATION (PAYERS)

**Legend**  
**Solid Line Boxes** – Primary ICS positions activated in all emergency response situations. Positions include Incident Commander, Incident Director on-call and On-Site Branch Director.  
**Dashed Line Boxes** – May be activated during response based on the incident and its size.

ICS 207 Completion Instructions

**Purpose:** The Incident Organization Chart (ICS 207) provides a visual wall chart depicting the ICS organization position assignments for the incident. The ICS 207 is used to indicate what ICS organizational elements are currently activated and the names of personnel staffing each element. An actual organization will be event-specific. The size of the organization is dependent on the specifics and magnitude of the incident and is scalable and flexible. Personnel responsible for managing organizational positions are listed in each box as appropriate.

**Preparation:** The ICS 207 is prepared by the Resource Unit Leader and reviewed by the Incident Commander. Complete only the blocks where positions have been activated, and fill in additional blocks as needed. The ICS 207 is intended to be used as a wall-sized chart and printed on a plotter for better visibility. All Harvest field offices and corporate emergency command centre are equipped with dry erase wall charts and can be filled in as appropriate. The chart is completed for each operational period, and updated when organizational changes occur. The Organization Assignment List (ICS 203) can be utilized to complete the ICS 207 or visa versa.

| Item # | Item Title         | Instructions                                                                                                                               |
|--------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name      | Enter the name assigned to the incident.                                                                                                   |
| 2      | Operational Period | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies. |
| 3      | Prepared by        | Enter the name and signature of the person preparing the form, and the date (month/day/year) and time (24 hour clock) prepared             |

**Distribution:** The ICS 207 is intended to be wall mounted at Incident Command Posts or Emergency Operations Centres as required. Ensure a copy of the ICS 207 is copied and provided to the Documentation Unit Leader for each operational period.

**Notes:**

- The ICS 207 is intended to be wall mounted. Document size can be modified based on individual needs. Harvest offices are equipped with a dry erase wall chart version of ICS 207.
- ICS allows for organizational flexibility, so the Intelligence/Investigative Function can be embedded in several different places within the organizational structure.



|                                                                                               |  |                               |  |            |             |
|-----------------------------------------------------------------------------------------------|--|-------------------------------|--|------------|-------------|
| <b>1. Incident Name:</b>                                                                      |  | <b>2. Operational Period:</b> |  | Date from: | Date to:    |
|                                                                                               |  |                               |  | Time from: | Time to:    |
| <b>3. Safety Message / Expanded Safety Message, Safety Plan, Site Safety Plan:</b>            |  |                               |  |            |             |
|                                                                                               |  |                               |  |            |             |
| <b>4. Site Safety Plan Required?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                               |  |            |             |
| <b>Approved Site Safety Plan(s) Located at:</b>                                               |  |                               |  |            |             |
| <b>5. Prepared by:</b> (Safety Officer):                                                      |  | Signature:                    |  | Date/Time: | IAP Page #: |
| Name:                                                                                         |  |                               |  |            |             |

### ICS 208 Completion Instructions

**Purpose:** The Safety Message/Plan (ICS 208) expands on the Safety Message and Site Safety Plan established in the “Situation Summary and Health and Safety Briefing” in the Incident Briefing (ICS 201).

**Preparation:** The ICS 208 is an optional form that may be included and completed by the Safety Officer for the Incident Action Plan (IAP).

| Item # | Item Title                                                                | Instructions                                                                                                                                                                                                                                                                                                       |
|--------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                                             | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                           |
| 2      | Operational Period                                                        | Enter the start date (month/day/year) and time (24 hour clock) and end date and time for the operational period to which the form applies.                                                                                                                                                                         |
| 3      | Safety Message / Expanded Safety Message, Safety Plan Site Safety Plan    | Enter clear, concise statements for safety message(s), priorities and key command emphasis/decisions/directions. Enter information such as known safety hazards and specific precautions to be observed during this operational period. If needed, additional safety message(s) should be referenced and attached. |
| 4      | Site Safety Plan Required?<br><br>Approved Site Safety Plan(s) Located at | Check whether or not a site safety plan is required for this incident and tick the applicable check box (i.e. Yes or No).<br><br>Enter the location of the approved Site Safety Plan(s)                                                                                                                            |
| 5      | Prepared by                                                               | Enter the name and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24 hour clock).                                                                                                                                                                                      |

**Distribution:** The ICS 208, if developed, will be reproduced with the IAP and given to all recipients as part of the IAP. All completed original forms must be given to the Documentation Unit.

**Notes:**

- The ICS 208 may serve (optionally) as part of the IAP
- Use additional copies for continuation sheets as needed and indicate pagination as used.



**SITUATION STATUS SUMMARY (ICS 209)**

|                                                                                                            |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
|------------------------------------------------------------------------------------------------------------|--|--|--|--|----------------------------------------------------|-----------------------------|----------------------------------|-------------------------------|----------------------------------|-------------------------------|----------------------------------|-----------------------------|
| <b>Incident Name:</b>                                                                                      |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Incident Start</b>                                                                                      |  |  |  |  | <b>Current Operational Period</b>                  |                             |                                  |                               |                                  |                               |                                  |                             |
| Date (DD/MM/YYYY):                                                                                         |  |  |  |  | Number:                                            |                             |                                  |                               |                                  |                               |                                  |                             |
| Time: AM <input type="checkbox"/><br>PM <input type="checkbox"/><br>24-Hour Clock <input type="checkbox"/> |  |  |  |  | From                                               |                             | Date (DD/MM/YYYY)                |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  |                                                    |                             | Time                             |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | To                                                 |                             | Date (DD/MM/YYYY)                |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  |                                                    |                             | Time                             |                               |                                  |                               |                                  |                             |
| <b>Incident Type / Description</b>                                                                         |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Incident Location</b>                                                                                   |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| Province                                                                                                   |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| Legal Description                                                                                          |  |  |  |  | DLS                                                |                             | LSD                              |                               | Sec                              |                               |                                  |                             |
|                                                                                                            |  |  |  |  | NTS                                                |                             | Qtr                              |                               | Unit                             |                               | Block                            |                             |
|                                                                                                            |  |  |  |  | Twp                                                |                             | Rge                              |                               | W M                              |                               |                                  |                             |
|                                                                                                            |  |  |  |  | Map                                                |                             | Mapsheet                         |                               | Grid                             |                               |                                  |                             |
| GPS Coordinates (include format)                                                                           |  |  |  |  | Latitude:                                          |                             |                                  | Longitude:                    |                                  |                               |                                  |                             |
| Land Owner                                                                                                 |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Weather</b>                                                                                             |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| Temperature                                                                                                |  |  |  |  | Current: °C                                        |                             | Min: °C                          |                               | Max: °C                          |                               |                                  |                             |
| Wind Speed                                                                                                 |  |  |  |  | Km/h                                               |                             | Wind Gust                        |                               | Km/h                             |                               |                                  |                             |
| Wind Direction ( <b>FROM</b> )                                                                             |  |  |  |  | <input type="checkbox"/> N                         | <input type="checkbox"/> NE | <input type="checkbox"/> E       | <input type="checkbox"/> SE   | <input type="checkbox"/> S       | <input type="checkbox"/> SW   | <input type="checkbox"/> W       | <input type="checkbox"/> NW |
| Humidity                                                                                                   |  |  |  |  | %                                                  |                             |                                  |                               |                                  |                               |                                  |                             |
| Probability of Precipitation                                                                               |  |  |  |  | %                                                  |                             |                                  |                               |                                  |                               |                                  |                             |
| Precipitation Type                                                                                         |  |  |  |  | <input type="checkbox"/> Clear                     |                             |                                  | <input type="checkbox"/> Rain |                                  | <input type="checkbox"/> Snow |                                  |                             |
| Visibility                                                                                                 |  |  |  |  | Km                                                 |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Level of Incident (Emergency)</b>                                                                       |  |  |  |  | <input type="checkbox"/> ALERT                     |                             | <input type="checkbox"/> LEVEL 1 |                               | <input type="checkbox"/> LEVEL 2 |                               | <input type="checkbox"/> LEVEL 3 |                             |
|                                                                                                            |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | Matrix Used to Determine                           |                             | <input type="checkbox"/> AER     |                               | <input type="checkbox"/> BCER    |                               | <input type="checkbox"/> Other   |                             |
| <b>Emergency Planning Zone (EPZ)</b>                                                                       |  |  |  |  | Km                                                 |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Primary Materials or Hazards Involved</b>                                                               |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Percent Contained</b>                                                                                   |  |  |  |  | %                                                  |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Damage Reported</b>                                                                                     |  |  |  |  |                                                    |                             |                                  |                               |                                  |                               |                                  |                             |
| <b>Geographic Feature (within or adjacent to EPZ)</b>                                                      |  |  |  |  | <input type="checkbox"/> Forested                  |                             |                                  |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | <input type="checkbox"/> Prairie Grass Lands       |                             |                                  |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | <input type="checkbox"/> Hilly / Mountainous       |                             |                                  |                               |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | <input type="checkbox"/> Water bodies              |                             |                                  | List:                         |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | <input type="checkbox"/> Roadways (Including Rail) |                             |                                  | List:                         |                                  |                               |                                  |                             |
|                                                                                                            |  |  |  |  | <input type="checkbox"/> Other                     |                             |                                  | List:                         |                                  |                               |                                  |                             |

**SITUATION STATUS SUMMARY (ICS 209)**

|                                                                      |                                                         |                               |                                                                                                         |                                                                          |
|----------------------------------------------------------------------|---------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Public Protection</b>                                             |                                                         |                               |                                                                                                         |                                                                          |
| # of Surface Developments within EPZ                                 |                                                         |                               |                                                                                                         |                                                                          |
| # of Identified Transients within EPZ                                |                                                         |                               |                                                                                                         |                                                                          |
| Public Protection Measures                                           | <input type="checkbox"/> Sheltering-in-place            | Percentage:                   | %                                                                                                       |                                                                          |
|                                                                      | <input type="checkbox"/> Evacuated                      | Percentage:                   | %                                                                                                       |                                                                          |
|                                                                      | <input type="checkbox"/> Awaiting Instructions          | Percentage:                   | %                                                                                                       |                                                                          |
|                                                                      | <input type="checkbox"/> Checked-in at Reception Centre | Percentage:                   | %                                                                                                       |                                                                          |
| Roadblock Location(s)                                                |                                                         |                               |                                                                                                         |                                                                          |
| Reception Centre Location                                            |                                                         |                               |                                                                                                         |                                                                          |
| <b>Life Safety</b>                                                   |                                                         |                               |                                                                                                         |                                                                          |
| Fatality(ies)                                                        |                                                         |                               |                                                                                                         |                                                                          |
| Injury(ies)                                                          |                                                         |                               |                                                                                                         |                                                                          |
| Requires Rescue                                                      |                                                         |                               |                                                                                                         |                                                                          |
| Missing                                                              |                                                         |                               |                                                                                                         |                                                                          |
| Require First Aid                                                    |                                                         |                               |                                                                                                         |                                                                          |
| Require Hospitalization                                              |                                                         |                               |                                                                                                         |                                                                          |
| <b>Applicable Agencies</b>                                           |                                                         |                               |                                                                                                         |                                                                          |
| Regulator                                                            | <input type="checkbox"/> AER                            | <input type="checkbox"/> BCER | <input type="checkbox"/> CER                                                                            | <input type="checkbox"/> Other                                           |
| Local Authority (Municipality / City / Town, First Nations IR, etc.) |                                                         |                               |                                                                                                         | Contacted<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Health Authority                                                     |                                                         |                               |                                                                                                         | Contacted<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Police Services                                                      |                                                         |                               |                                                                                                         | Contacted<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Ambulance Services                                                   |                                                         |                               |                                                                                                         | Contacted<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Fire Services                                                        |                                                         |                               |                                                                                                         | Contacted<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Other                                                                |                                                         |                               |                                                                                                         | Contacted<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <b>Prepared by:</b>                                                  |                                                         |                               |                                                                                                         |                                                                          |
| Name / Position:                                                     | Signature:                                              | Date/Time:                    | Report Version<br><input type="checkbox"/> Initial<br><input type="checkbox"/> Update<br>Report # _____ |                                                                          |

**CHECK-IN (ICS 211)**

|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|--------------------------------------------------------------------------------------------------------------------|---------------|-----------------|----------------------------|-------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------------|------------------------|-------------------------------------|-----------------------------------------|---------------------------------------------------------|-------------------------------------------|-----------------------------|--------------------------------|---------------------------------|------------------------|
| <b>1. Incident Name:</b>                                                                                           |               |                 | <b>2. Incident Number:</b> |             |                            | <b>3. Check-in Location</b> (complete all that apply)<br><input type="checkbox"/> Base <input type="checkbox"/> Camp <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other |                           |                                |                        |                                     |                                         | <b>4. Start Date/Time</b><br>Date: _____<br>Time: _____ |                                           |                             |                                |                                 |                        |
| <b>Check-in Information</b> (use reverse of form for remarks or comments)                                          |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
| <b>5. List single resource personnel (overhead) by agency and name, OR list resources by the following format:</b> |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          | <b>6. Order Request #</b> | <b>7. Date / Time Check-in</b> | <b>8. Leaders Name</b> | <b>9. Total Number of Personnel</b> | <b>10. Incident Contact Information</b> | <b>11. Home Unit or Agency</b>                          | <b>12. Departure Point, Date and Time</b> | <b>13. Method of Travel</b> | <b>14. Incident Assignment</b> | <b>15. Other Qualifications</b> | <b>16. Demobilized</b> |
| <b>Province</b>                                                                                                    | <b>Agency</b> | <b>Category</b> | <b>Kind</b>                | <b>Type</b> | <b>Resource Identifier</b> | <b>ST or TF</b>                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
|                                                                                                                    |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         |                                                         |                                           |                             |                                |                                 |                        |
| <b>17. Prepared by:</b><br>Name: _____                                                                             |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         | Signature: _____                                        |                                           |                             |                                | ICS 211<br>Page __ of __        |                        |
| ICS Position/Title: (Resource Unit Leader and/or Staging Area Manager)                                             |               |                 |                            |             |                            |                                                                                                                                                                                                                                                          |                           |                                |                        |                                     |                                         | Date/Time: _____                                        |                                           |                             |                                |                                 |                        |

CHECK-IN (ICS 211)

18. Remarks / Comments

17. Prepared by:

Name:

Signature:

ICS Position/Title: (Resource Unit Leader and/or Staging Area Manager)

Date/Time:

ICS 211

Page \_\_ of \_\_

## ICS 211 Completion Instructions

**Purpose:** Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-in List (ICS 211). The ICS 211 serves several purposes as it: 1) records arrival times at the incident of all overhead personnel and equipment; 2) records the initial location of personnel and equipment to facilitate subsequent assignments; and 3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

**Preparation:** The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, Camp and Incident Command Post (ICP). Please note this form is used for Check-in at scene sites.

Preparation may be completed by: 1) overhead at site locations, who record the information and give to the Resources Unit as soon as possible; 2) the Incident Communications Centre Manager located in the Communications Centre, who records the information and gives to the Resources Unit as soon as possible; 3) a recorder from the Resources Unit during check-in to the ICP.

| Item # | Item Title                     | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                  | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                       |
| 2      | Incident Number                | Enter the number assigned to the incident if applicable.                                                                                                                                                                                                                                                                                                                                                                                       |
| 3      | Check in Location              | Check the appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox.                                                                                                                                                                                                                                                                                         |
| 4      | Start Date/Time                | Enter the start date (month/day/year) and time (24 hour clock) of the form.                                                                                                                                                                                                                                                                                                                                                                    |
| 5      | List single resource personnel | Enter the following information for resources. OPTIONAL: Indicate if resource is a single resource versus part of Strike Team (ST) or Task Force (TF). Fields can be left blank if not required.                                                                                                                                                                                                                                               |
|        | Province                       | Use this section to list the home Province for the resource                                                                                                                                                                                                                                                                                                                                                                                    |
|        | Agency                         | Use this section to list agency name (or designator) and individual names for all single resource personnel (e.g. SCES)                                                                                                                                                                                                                                                                                                                        |
|        | Category                       | Use this section to list the resource category based on discipline or jurisdiction guidance                                                                                                                                                                                                                                                                                                                                                    |
|        | Kind                           | Use this section to list the resource kind based on discipline or jurisdiction guidance                                                                                                                                                                                                                                                                                                                                                        |
|        | Type                           | Use this section to list the resource type based on discipline or jurisdiction guidance                                                                                                                                                                                                                                                                                                                                                        |
|        | Resource Name                  | Use this section to enter the resource name or unique identifier. If it is a Strike Team (ST) or a Task Force (TF), list the unique identifier (if used) on a single line with the component resources of the ST or TF listed on the following lines. For example, for an Engine ST with the call sign "XLT459", show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the ST. |
|        | ST or TF                       | Use to indicate whether the resource is part of a Strike Team (ST) or Task Force (TF)                                                                                                                                                                                                                                                                                                                                                          |

**ICS 211 Completion Instructions – Cont'd.**

| Item # | Item Title                   | Instructions                                                                                                                                                                                                                                                                                                                             |
|--------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6      | Order Request #              | the order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.                                                                               |
| 7      | Date/Time Check-in           | Enter check-in date (month/day/year) and time (24 hour clock)                                                                                                                                                                                                                                                                            |
| 8      | Leader's Name                | For equipment, enter the operator's name. For STs or TFs, enter Team leader's name. Leave blank for single resources.                                                                                                                                                                                                                    |
| 9      | Total Number of Personnel    | Enter total number of personnel associated with the resource. Include leaders in this count.                                                                                                                                                                                                                                             |
| 10     | Incident Contact Information | Enter available contact information (e.g. radio frequency, cell phone number, etc.) for the incident.                                                                                                                                                                                                                                    |
| 11     | Home Unit or Agency          | Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).                                                                                                                                                                                                                  |
| 12     | Departure Point, Date/Time   | Enter the location, date and time from which the resource or individual departed for this incident (month/day/year; 24 hr)                                                                                                                                                                                                               |
| 13     | Method of Travel             | Enter the means of travel the individual used to bring himself/herself to the incident (e.g. bus, engine, personal vehicle)                                                                                                                                                                                                              |
| 14     | Incident Assignment          | Enter the incident assignment at time of dispatch.                                                                                                                                                                                                                                                                                       |
| 15     | Other Qualifications         | Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident |
| 16     | Demobilized                  | Enter the date and time that the resource has been demobilized.                                                                                                                                                                                                                                                                          |
| 17     | Prepared by, Date/Time       | Enter the name, ICS position/title and signature of the person preparing the form, and date/time (month/day/year; 24 hr)                                                                                                                                                                                                                 |

**Distribution:** ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

- Notes:**
- Use reverse of form for remarks or comments
  - If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
  - Contact information for sender and receiver can be added for communications purposes to confirm resources orders.

**EQUIPMENT CHECK-IN (ICS 211E)**

|                                        |                                |                                                                   |                      |                                                                                                                                                       |                            |                                                |  |
|----------------------------------------|--------------------------------|-------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|------------------------------------------------|--|
| <b>1. Incident Name</b>                |                                | <b>2. Operational Period (Date/Time)</b><br>From: _____ To: _____ |                      | <b>3. Check-in Location</b><br><input type="checkbox"/> Command Post <input type="checkbox"/> Other check in<br><input type="checkbox"/> Staging Area |                            |                                                |  |
| <b>Equipment Check-in Information</b>  |                                |                                                                   |                      |                                                                                                                                                       |                            |                                                |  |
| <b>4. Equipment Description</b>        | <b>5. Equipment Identifier</b> | <b>6. Supplier/ Owner</b>                                         | <b>7. Assignment</b> | <b>8. Contact Information</b>                                                                                                                         | <b>9. Initial Check-in</b> | <b>10. Time</b><br>IN    OUT                   |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
|                                        |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
| COMMENTS:                              |                                |                                                                   |                      |                                                                                                                                                       | <input type="checkbox"/>   |                                                |  |
| <b>11. Prepared by:</b><br>Name: _____ |                                | Signature: _____                                                  |                      | Date / Time: _____                                                                                                                                    |                            | <b>12. Date / Time Sent to Resources Unit:</b> |  |

### ICS 211E Completion Instructions

**Purpose:** Equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.

**Preparation:** The Check-In List is initiated at a number of incident locations including staging areas, base, camps, heli-bases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible

| Item # | Item Title                        | Instructions                                                                                                            |
|--------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                     | Enter the name assigned to the incident.                                                                                |
| 2      | Operational Period                | Record the start and end date and time.                                                                                 |
| 3      | Check in Location                 | Check the box for the location where the equipment was checked in.                                                      |
| 4      | Equipment Description             | Enter a description of the equipment (e.g., 36" open water boom, skimmer, vac truck, etc.).                             |
| 5      | Equipment Identifier              | Enter the Identifier for the equipment (e.g., radio call-sign, vessel name, vendor name, license plate, etc.).          |
| 6      | Supplier/Owner                    | Enter the supplier/owner of the equipment.                                                                              |
| 7      | Assignment                        | Work assignment, if known. Arriving equipment may not have an assignment at time of check-in.                           |
| 8      | Contact Information               | Enter the contact information for the person operating equipment.                                                       |
| 9      | Initial Incident Check-in?        | Check if this is the first time the equipment has been checked in.                                                      |
| 10     | Time In/Out                       | Enter the time the equipment is checked in and/or out (24-hour clock).                                                  |
| 11     | Prepared by                       | Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock). |
| 12     | Date / Time Send to Resource Unit | Enter date (month, day, year) and time (24-hour clock) the form is sent to the Resources Unit.                          |

**Distribution:** Check-In Lists are provided to both the Resources Unit and the Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

**Special Note:** This form is used for equipment check-in only. Purpose. Equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.



**PERSONNEL CHECK IN (ICS 211P)**

|                                                |                                |                                                                       |                               |                                                                                                                                                       |                             |  |
|------------------------------------------------|--------------------------------|-----------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|
| <b>1. Incident Name</b>                        |                                | <b>2. Operational Period (Date/Time)</b><br><br>From: _____ To: _____ |                               | <b>3. Check-in Location</b><br><input type="checkbox"/> Command Post <input type="checkbox"/> Other check in<br><input type="checkbox"/> Staging Area |                             |  |
| <b>Personnel Check-in Information</b>          |                                |                                                                       |                               |                                                                                                                                                       |                             |  |
| <b>4. Name</b>                                 | <b>5. Organization/ Agency</b> | <b>6. ICS Position</b>                                                | <b>7. Contact Information</b> | <b>8. Initial Check-in</b>                                                                                                                            | <b>9. Time</b><br>IN    OUT |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
|                                                |                                |                                                                       |                               | <input type="checkbox"/>                                                                                                                              |                             |  |
| <b>10. Prepared by:</b><br>Name: _____         |                                |                                                                       | Signature: _____              |                                                                                                                                                       | Date / Time: _____          |  |
| <b>11. Date / Time Sent to Resources Unit:</b> |                                |                                                                       |                               |                                                                                                                                                       |                             |  |

### ICS 211P Completion Instructions

**Purpose:** Personnel arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information that is recorded on the form.

**Preparation:** The Check-In List is initiated at a number of incident locations including staging areas, base, camps, heli-bases, and ICP. Managers at these locations record the information and give it to the Resources Unit as soon as possible.

| Item # | Item Title                        | Instructions                                                                                                            |
|--------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                     | Enter the name assigned to the incident.                                                                                |
| 2      | Operational Period                | Record the start and end date and time.                                                                                 |
| 3      | Check in Location                 | Check the box for the location where the equipment was checked in.                                                      |
| 4      | Name                              | Enter the name of the person checking in.                                                                               |
| 5      | Organization/Agency               | Enter the organization/ Agency the person is from.                                                                      |
| 6      | ICS Position                      | Enter the ICS position the person is filling, Agency Representative is also acceptable.                                 |
| 7      | Contact Information               | Enter the contact information for the person                                                                            |
| 8      | Initial Check-in                  | Check if this is the first time the person has been checked in.                                                         |
| 9      | Time In/Out                       | Enter the time the equipment is checked in and/or out (24-hour clock).                                                  |
| 10     | Prepared by                       | Enter name and title of the person preparing the form. Enter date (month, day, year) and time prepared (24-hour clock). |
| 11     | Date / Time Send to Resource Unit | Enter date (month, day, year) and time (24-hour clock) the form is sent to the Resources Unit.                          |

**Distribution:** Check-In Lists are provided to both the Resources Unit and the Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident. All completed original forms MUST be given to the Documentation Unit.

**Special Note:** This form is used for personnel check-in only.

**GENERAL MESSAGE (ICS 213)**

**1. Message No.:** \_\_\_\_\_

**GENERAL MESSAGE**

**2. TO:**

**POSITION:**

**3. FROM:**

**POSITION:**

**4. SUBJECT**

**5. DATE/TIME**

**6. MESSAGE**

**7. SIGNATURE:**

**POSITION:**

**8. REPLY**

**9. DATE/TIME:**

**10. SIGNATURE:**

**POSITION:**

### ICS 213 Completion Instructions

**Purpose:** The General Message (ICS 213) is used by the incident dispatchers to record incoming messages that cannot be orally transmitted to the intended recipients. The ICS 213 is also used by the Incident Command Post and other incident personnel to transmit messages (e.g., resource order, incident name change, other ICS coordination issues, etc.) to the Incident Communication Centre for transmission via radio or telephone to the addressee. This form is used to send any message or notification to incident personnel that requires hard-copy delivery.

**Preparation:** The ICS 213 may be initiated by incident dispatchers and any other personnel on an incident.

| Item # | Item Title         | Instructions                                                                                              |
|--------|--------------------|-----------------------------------------------------------------------------------------------------------|
| 1      | Message No.        | Pre-assigned message number.                                                                              |
| 2      | To                 | Indicate Unit/Person/Position the General Message is intended for (recipient).<br>Be specific.            |
| 3      | From               | Indicate Unit/Person/Position of person sending initial message (sender).                                 |
| 4      | Subject            | Complete as appropriate.                                                                                  |
| 5      | Date and Time      | Enter the date and time of initial message (month, day, year and 24 hour clock).                          |
| 6      | Message            | Be brief, clear and concise. Think through your message before writing it down.                           |
| 7      | Signature/Position | Signature and title of person sending initial message (sender).                                           |
| 8      | Reply              | This section is intended to be used by the Unit/Person who receives the message to reply to your message. |
| 9      | Date and Time      | Record date and time and response (month, day, year and 24 hour clock).                                   |
| 10     | Signature/Position | Signature and title of person responding (recipient).                                                     |

**Distribution:** Upon completion, the ICS 213 may be delivered to the addressee and/or delivered to the Incident Communication Centre for transmission.

**Notes:**

- The ICS 213 is meant to be a three part form. Copy 1 (white) is retained by the sender. Copies 2 & 3 are forwarded to intended recipient. Copy 2 with recipient's response is retained by the recipient. Copy 3 with recipient's response is returned to sender.
- If using a pre-numbered ICS Form 213 Message form, damaged or ruined forms cannot simply be discarded. The ruined form must be marked "void" and retained in the sender's file, or an appropriate notation made on ICS Form 226 (Master Message Log) to indicate that the number was "voided" and the message did not simply "go astray".

**RESOURCE REQUEST MESSAGE (ICS 213RR)**

|                                                          |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------|----------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|------------------------------|--|
| <b>1. Incident Name</b>                                  |                                                                                                   |             | <b>2. Date/Time:</b> |                                                                                                                      |                                                             | <b>3. Resource Request Number:</b>              |                              |  |
| <b>Requestor</b>                                         | <b>4. Order</b> (Note: Use additional forms when requesting different resource sources of supply) |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          | <b>Qty.</b>                                                                                       | <b>Kind</b> | <b>Type</b>          | <b>Detailed Item Description</b> (Vital characteristics, brand, specs, experience, size, etc.)                       | <b>Arrival Date/Time</b>                                    |                                                 | <b>Cost</b>                  |  |
|                                                          |                                                                                                   |             |                      |                                                                                                                      | <b>Requested</b>                                            | <b>Estimated</b>                                |                              |  |
|                                                          |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
| <b>5. Requested Delivery/Reporting Location:</b>         |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
| <b>6. Suitable Substitutes and/or Suggested Sources:</b> |                                                                                                   |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
| <b>7. Requested by</b> (Name/Position):                  |                                                                                                   |             |                      | <b>8. Priority:</b><br><input type="checkbox"/> Urgent <input type="checkbox"/> Routine <input type="checkbox"/> Low |                                                             | <b>9. Section Chief Approval:</b><br>Date/Time: |                              |  |
| <b>Logistics</b>                                         | <b>10. Logistics Order Number:</b>                                                                |             |                      |                                                                                                                      | <b>11. Supplier Phone/Fax/Email:</b>                        |                                                 |                              |  |
|                                                          | <b>11. Name of Supplier/POC:</b>                                                                  |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          | <b>13. Notes:</b>                                                                                 |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          | <b>14. Approval of Authorized Logistics Rep:</b>                                                  |             |                      |                                                                                                                      |                                                             | <b>15. Date/Time:</b>                           |                              |  |
| <b>Finance</b>                                           | <b>16. Order placed by:</b>                                                                       |             |                      |                                                                                                                      | <input type="checkbox"/> SPUL <input type="checkbox"/> PROC |                                                 | <b>Finance Order Number:</b> |  |
|                                                          | <b>17. Reply / Comments from Finance:</b>                                                         |             |                      |                                                                                                                      |                                                             |                                                 |                              |  |
|                                                          | <b>18. Finance Section Signature:</b>                                                             |             |                      |                                                                                                                      |                                                             | <b>19. Date/Time:</b>                           |                              |  |

# Emergency Response Plan

## Corporate



### ICS 213RR Completion Instructions

**Purpose:** The ICS 213RR is used to request additional resources to support the incident.

**Preparation:** The ICS 213RR is completed by any personnel in a Supervisory Role who requires additional resources to support their Section, Unit, Branch or Division, and Logistics and Finance/ Administration personnel completing the request.

| Item #                                           | Item Title                                                                                 | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                | Incident Name                                                                              | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2                                                | Date/Time                                                                                  | Record the start and end date and time.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 3                                                | Resource Request #                                                                         | Enter the resource request number, usually assigned by Logistics Section.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Requester Completes:</b>                      |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 4                                                | Order<br>Qty.<br>Kind / Type<br><br>Detailed Item Description<br>Arrival Date/Time<br>Cost | Provide description of resources to be ordered. Use a separate form for each funding source.<br>Enter quantity of resource required<br>Kind: an abbreviation of kind of resources, such as Vessel (VL), engine (E), law enforcement officer (LE) / Type: Type of resource, if the resource has been typed. Refer to ICS Resource Typing information<br>Description of the resource needed; be specific – add attachments as necessary<br><b>Requested:</b> date/time resource is needed; <b>Estimated:</b> date/time resources is expected to actually be available<br>Cost of resource |
| 5                                                | Requested Delivery / Reporting Location                                                    | Where should the resource report to and what date/time should it be there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 6                                                | Suitable Substitutes and / or Suggested Sources                                            | Any suggested substitutes and/or sources for the resource; completed by requester if known, if not, LSC / FSC or EOC will determine                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 7                                                | Requested by                                                                               | Enter name and ICS title of person requesting the resource                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 8                                                | Priority                                                                                   | Indicate priority of resource need – urgent, routine or low                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 9                                                | Section Chief Approval                                                                     | Applicable Section Chief signs to indicate approval of request; indicate date and time signed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Logistics Section Completes:</b>              |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 10                                               | Logistics Order Number                                                                     | Determined by Logistics and entered into form                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 11                                               | Supplier Phone/Fax/Email                                                                   | Enter resource supplier's contact information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 12                                               | Name of Supplier / POC                                                                     | Enter resource supplier's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 13                                               | Notes                                                                                      | Enter any additional notes or comments pertaining to the logistical aspect of the resource request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 14                                               | Approval Signature of Auth Logistics Rep                                                   | Applicable Logistics Section personnel signs to indicate Logistics Section approval of request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 15                                               | Date/Time                                                                                  | Enter date (month/day/year) and time (24 hour clock) of Logistics Section approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Finance/Administration Section Completes:</b> |                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 16                                               | Order placed by                                                                            | Indicate who the order was placed by and provide Finance Order Number if applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 17                                               | Reply / Comments from Finance                                                              | Enter any additional notes or comments pertaining to the financial aspect of the resource request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 18                                               | Finance Section Signature                                                                  | Applicable Finance/Administration Section personnel signs to indicate Finance/Administration Section approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 19                                               | Date/Time                                                                                  | Enter date (month/day/year) and time (24 hour clock) of Finance/ Administration Section approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

**Routing Information:** 1. Requester submits ICS 213RR to Logistics – Requester keeps a copy; 2. Logistics receives ICS 213RR from Requester – LSC determines (in consultation with the RESL and OPS) to determine if resource is Tactical or Non-Tactical in nature

| Tactical                                                                                                                                                                                                                    | Non-Tactical                                                                                                                                                                                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Defined as items required specifically for Ops. Applies to equipment, supplies, services and personnel reassignments.                                                                                                       | Defined as items indirectly supporting the incident. Applies to equipment, supplies, services and personnel reassignments.                                                                                                        |
| RESL determines if resource is on site and available.<br><b>Yes:</b> RESL reassigns resource, keeps a copy and forwards original to LSC for further distribution<br><b>No:</b> RESL returns form to LSC (SPUL) for ordering | LSC determines if resource is on site and available.<br><b>Yes:</b> LSC reassigns resource, keeps a copy and forwards original as applicable<br><b>No:</b> LSC orders equipment, keeps a copy and forwards original as applicable |
| When ordering personnel, if personnel is not available through reassignment, the LSC orders personnel from the EOC, documents that personnel are ordered on the ICS 213RR and distributes copies as needed.                 | When ordering personnel, if personnel is not available through reassignment, the LSC orders personnel from the EOC, documents that personnel are ordered on the ICS 213RR and distributes copies as needed.                       |



|                        |           |                        |              |                            |                         |
|------------------------|-----------|------------------------|--------------|----------------------------|-------------------------|
| 1. Incident Name:      |           | 2. Operational Period: |              | Date from:                 | Date to:                |
|                        |           |                        |              | Time from:                 | Time to:                |
| 3. Name:               |           | 4. ICS Position:       |              | 5. Home Agency (and unit): |                         |
|                        |           |                        |              |                            |                         |
| 6. Resources Assigned: |           |                        |              |                            |                         |
| Name                   |           | ICS Position           |              | Home Agency (and unit)     |                         |
|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
| 7. Activity Log        |           |                        |              |                            |                         |
| Time                   | Situation |                        | Action Taken |                            | Status<br>Open / Closed |
|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
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|                        |           |                        |              |                            |                         |
|                        |           |                        |              |                            |                         |
| 8. Prepared by:        |           | Position/Title:        |              |                            |                         |
| Name:                  |           |                        |              |                            |                         |
| Signature:             |           | Date/Time:             |              |                            |                         |

## ICS 214 Completion Instructions

**Purpose:** The Activity Log (ICS 214) records details of notable activities at any ICS level, including single resources, equipment, Task Forces, etc. These logs provide basic incident activity documentation and a reference for any after-action report.

**Preparation:** An ICS 214 can be initiated and maintained by personnel in various ICS positions as it is needed or appropriate. Personnel should document how relevant incident activities are occurring and progressing or any notable events or communications.

| Item # | Item Title                                                                   | Instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|--------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                                                | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 2      | Operational Period                                                           | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.                                                                                                                                                                                                                                                                                                            |
| 3      | Name                                                                         | Enter the title of the organizational unit or resource designator (e.g. Facilities Unit, Safety Officer, Strike Team)                                                                                                                                                                                                                                                                                                                                           |
| 4      | ICS Position                                                                 | Enter the name and ICS position of the individual in charge of the Unit                                                                                                                                                                                                                                                                                                                                                                                         |
| 5      | Home Agency (and Unit)                                                       | Enter the home agency of the individual completing the ICS 214. Enter a unit designator if utilized by the jurisdiction or discipline                                                                                                                                                                                                                                                                                                                           |
| 6      | Resources Assigned<br>Name<br><br>ICS Position<br><br>Home Agency (and Unit) | Enter the following information for resources assigned:<br>Use this section to enter the resource's name. For all individuals, use at least the first initial and last name. Cell phone number for the individual can be added as an option<br>Use this section to enter the resource's ICS position (e.g. Finance Section Chief)<br>Use this section to enter the resource's home agency and/or unit (e.g. Strathcona County TAS, Water and Wastewater branch) |
| 7      | Activity Log ...                                                             | Enter the time (24 hour clock) and briefly describe each significant occurrence or event (e.g. unusual situation/event, task assignments, task completion, injuries, difficulties encountered, etc.)                                                                                                                                                                                                                                                            |
| 8      | Prepared by:                                                                 | Enter the name, ICS position/title and signature of the person preparing the log. Enter date (month/day/year) and time (24 hour clock) prepared                                                                                                                                                                                                                                                                                                                 |

**Distribution:** Completed ICS 214s are submitted to supervisors, who then forward them to the Documentation Unit. All completed original forms must be given to the Documentation Unit, which maintains a file of all ICS 214s. It is recommended that individuals retain a copy for their own records.

**Notes:**

- Use a 214a if more space is required.
- Use additional copies as continuation sheets as needed, and repaginate as required.





|                                                                            |                          |                                                                                              |                           |             |                                       |
|----------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------|---------------------------|-------------|---------------------------------------|
| 1. Incident Name:                                                          |                          | 2. Operational Period:<br>Date from: _____ Date to: _____<br>Time from: _____ Time to: _____ |                           |             |                                       |
| 3. Individual Name:                                                        |                          | 4. ICS Section:                                                                              | 5. Assignment / Location: |             |                                       |
| 6. Activity Log<br><div style="text-align: right;">Page ____ of ____</div> |                          |                                                                                              |                           |             |                                       |
| Time<br>(24-hour clock)                                                    | Call                     |                                                                                              | Contact with              | Telephone # | Major Event(s) / Comment(s) / Note(s) |
|                                                                            | To                       | From                                                                                         |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
|                                                                            | <input type="checkbox"/> | <input type="checkbox"/>                                                                     |                           |             |                                       |
| 8. Prepared by:<br>Name:                                                   |                          |                                                                                              | Position/Title:           |             |                                       |
| Signature:                                                                 |                          |                                                                                              | Date/Time:                |             |                                       |

### ICS 214A Completion Instructions

**Purpose:** The Individual Log, while not required, records details of each individual's activities. These logs provide a basic reference from which to extract information for inclusion in any after-action report.

**Preparation:** An Individual Log can be initiated and maintained by each member of the ICS. Completed logs are forwarded to supervisors who provide copies to the Documentation Unit.

| Item # | Item Title          | Instructions                                                                                                                                                                                                                           |
|--------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name       | Enter the name assigned to the incident.                                                                                                                                                                                               |
| 2      | Operational Period  | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.                                                                                   |
| 3      | Individual Name     | Enter the name of the individual.                                                                                                                                                                                                      |
| 4      | ICS Section         | Enter the ICS Section to which the individual is assigned.                                                                                                                                                                             |
| 5      | Assignment/Location | Enter the assignment or location for the individual.                                                                                                                                                                                   |
| 6      | Activity Log        | Enter the time, person spoken to and their contact details (if applicable). Briefly describe each significant occurrence, event or commitment.<br>(e.g., task assignments, task completions, injuries, difficulties encountered, etc.) |
| 7      | Prepared by:        | Enter name and title of the person completing the log. Provide log to immediate supervisor, at the end of each operational period.                                                                                                     |

**Distribution:** The Documentation Unit maintains a file of all Individual Logs. The original of each log MUST be submitted to the Documentation Unit.

**Notes:**

- This optional ICS form 214a-OS is a log for individual use, and ICS form 214-OS is designed to log activities for an entire unit.

OPERATIONAL PLANNING WORKSHEET (ICS 215)

| 1. Incident Name:                  |                                |                                                    | 2. Operational Period:<br>Date From: _____ Date To: _____<br>Time From: _____ Time To: _____ |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|------------------------------------|--------------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------|--|--|--|--|--|--|--|---------------------------------------|---------------------------------------|--------------------------|----------------------------------|
| 3. Branch                          | 4. Division,<br>Group or Other | 5. Work<br>Assignment &<br>Special<br>Instructions | 6. Resources                                                                                 | List each resource required |  |  |  |  |  |  |  | 7. Overhead<br>Position(s)            | 8. Special<br>Equipment &<br>Supplies | 9. Reporting<br>Location | 10. Requested<br>Time of Arrival |
|                                    |                                |                                                    |                                                                                              |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Required                                                                                     |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Have                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Need                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Required                                                                                     |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Have                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Need                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Required                                                                                     |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Have                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Need                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Required                                                                                     |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Have                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Need                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Required                                                                                     |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Have                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Need                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Required                                                                                     |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Have                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
|                                    |                                |                                                    | Need                                                                                         |                             |  |  |  |  |  |  |  |                                       |                                       |                          |                                  |
| 11. Total Resources Required:      |                                |                                                    |                                                                                              |                             |  |  |  |  |  |  |  | 6. Prepared by:                       |                                       |                          |                                  |
| 12. Total Resources Have on Hand:  |                                |                                                    |                                                                                              |                             |  |  |  |  |  |  |  | Name: _____ ICS Position: _____       |                                       |                          |                                  |
| 13. Total Resources Need to Order: |                                |                                                    |                                                                                              |                             |  |  |  |  |  |  |  | Signature: _____<br>Date/ Time: _____ |                                       |                          |                                  |

## ICS 215 Completion Instructions

**Purpose:** The Operational Planning Worksheet (ICS 215) communicates the decisions made by the Operations Section Chief during the Tactics Meeting concerning resource assignments and needs for the next operations period. The ICS 215 is used by the Resource Unit to complete the Assignment List (ICS 204), by the Logistics Section Chief for ordering resources for the incident and by the Safety Officer to complete the Incident Action Plan Safety Analysis (ICS 215A).

**Preparation:** The ICS 215 is initiated by the Operations Section Chief and often involves logistics personnel, the Resources Unit, and the Safety Officer. The form is shared with the rest of the Command and General Staffs during the Planning Meeting. It may be useful in some disciplines or jurisdictions to prefill ICS 215 copies prior to incidents.

| Item # | Item Title                            | Instructions                                                                                                                                                                                                                                                                                                                                                                               |
|--------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                         | Enter the name assigned to the incident.                                                                                                                                                                                                                                                                                                                                                   |
| 2      | Operational Period                    | Record the date and time of the Operational Period for which this Plan is in effect (month, day, year and 24 hour clock).                                                                                                                                                                                                                                                                  |
| 3      | Branch                                | Enter the Branch Identification                                                                                                                                                                                                                                                                                                                                                            |
| 4      | Division/Group                        | Enter the Division or Group and the letter or location of the work assignment for the resources                                                                                                                                                                                                                                                                                            |
| 5      | Work Assignments/Special Instructions | Enter the specific work assignments given to each of the Branches and/or Divisions/Groups.                                                                                                                                                                                                                                                                                                 |
| 6      | Resources                             | Enter in the appropriate header box the resource type (i.e. aircraft, ambulance, law enforcement officers). Under the resource type listed, enter the number of resources required (Req) and the resources available (Have) to perform the work assignment. Then record the number of resources needed (need) by subtracting the number in the 'Have' row from the number in the 'Req' row |
| 7      | Overhead Position(s)                  | Enter the name of the Resources' Supervisor                                                                                                                                                                                                                                                                                                                                                |
| 8      | Special Equip. & Supplies             | Identify any special equipment or supplies required                                                                                                                                                                                                                                                                                                                                        |
| 9      | Reporting Location                    | Enter the specific location the "needed" resources are to report for the work assignment (staging area, location on the fire line, etc.).                                                                                                                                                                                                                                                  |
| 10     | Request Time of Arrival               | Enter time (24-hour clock) the resources are requested to arrive at the reporting location.                                                                                                                                                                                                                                                                                                |
| 11     | Total Resources Required              | Enter the sum of resources required.                                                                                                                                                                                                                                                                                                                                                       |
| 12     | Total Resources Have on Hand          | Enter the sum of resources on hand                                                                                                                                                                                                                                                                                                                                                         |
| 13     | Total Resources Need to Order         | Enter the sum of resources you need to order. (Should equate to the difference between resources required less resources on hand)                                                                                                                                                                                                                                                          |
| 14     | Prepared by                           | Enter the name and position of the person preparing the form, date and sign                                                                                                                                                                                                                                                                                                                |

**Distribution:** When the Branch, Division, or Group work assignment and accompanying resource allocations are agreed upon, the form is distributed to the Resources Unit to assist in the preparation of the ICS 204. The Logistics Section will use a copy of this worksheet for preparing requests for resources required for the next operational period.

**Notes:**

- If additional pages are needed, use a blank ICS 215 and repaginate as needed.



## INCIDENT ACTION PLAN SAFETY ANALYSIS (ICS 215A)

[illegible]

ICS 215A Completion Instructions

**Purpose:** The purpose of this worksheet is to aid the Safety Officer in completing an operational risk assessment to prioritize hazards, safety and health issues, and to develop appropriate controls. This worksheet addresses communications challenges between planning and operations, and is best utilized in the planning phase and for Operations Section briefings.

**Preparation:** During the Incident Action Planning cycle where the Operations Section Chief (OSC) is preparing for the tactics meeting, the Safety Officer collaborates with the OSC and completes the Incident Action Plan Safety Analysis. This worksheet is closely linked to the Operational Planning Worksheet (ICS 215). Incident areas or regions are listed along with associated hazards and risks. For those assignments having significant risk, mitigations or controls should be developed to safeguard responders, and appropriate personnel should be briefed on the hazards, mitigations and related measures. The net risk is evaluated against the gain.

| Item # | Item Title                                                         | Instructions                                                                                                                                              |
|--------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name                                                      | Enter the name assigned to the incident.                                                                                                                  |
| 2      | Operational Period                                                 | Record the date and time of the Operational Period for which this Plan is in effect (month, day, year and 24 hour clock).                                 |
| 3      | Location                                                           | Enter the Location where personnel or resources are likely to encounter risks. This may be specified as a Branch, Division or Group.                      |
| 4      | Branch/Division/Group or Other                                     | Enter the Branch, Division, Group or Other assigned to the location and resources that may be impacted by the hazard/risk.                                |
| 5      | Resources                                                          | Enter the resource type (i.e. aircraft, ambulance, law enforcement officers).                                                                             |
| 6      | Potential Hazards / Risks                                          | List the types of hazards and/or risks likely to be encountered by personnel or resources at the incident area relevant to the work assignment.           |
| 7      | Mitigations                                                        | List actions to be taken to reduce risk for each hazard indicated (e.g. specify personal protection equipment or use of a buddy system or escape routes). |
| 8      | Personnel Briefed on Hazard                                        | Indicate whether applicable personnel have been briefed on and understand the hazards / risks.                                                            |
| 9      | Prepared by                                                        | Enter the name and position of the person preparing the form, date and sign.                                                                              |
| 10     | Date / Time Sent to Operations Section Chief and/or Resources Unit | Enter the Date and Time sent to Operations Section Chief and/or Resources Unit.                                                                           |

**Distribution:** When completed, ICS 215A is distributed to the Operations Section Chief and/or Resources Unit to help prepare the Operations Section briefing. All completed original forms must be given to the Documentation Unit.

**MEETING SCHEDULE (ICS 230)**

| <b>1. Incident Name:</b>                                                                                                                                       |                      | <b>2. Operational Period:</b>                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                       | Date from: | Date to: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|
|                                                                                                                                                                |                      |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       | Time from: | Time to: |
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b>                                                                                               |                      |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |            |          |
| Date / Time                                                                                                                                                    | Meeting Name         | Purpose                                                                                                                                                    | Attendees                                                                                                                                                                                                                                                                                                                                             | Location   |          |
|                                                                                                                                                                | Objectives Meeting   | Review / identify objectives for the next operational period                                                                                               | <ul style="list-style-type: none"> <li>• Command Staff (Includes Unified Command (UC) Members, if applicable)</li> </ul>                                                                                                                                                                                                                              |            |          |
|                                                                                                                                                                | Strategy Meeting     | Develop primary and alternate Strategies to meet Incident Objectives for the next Operational Period.                                                      | <ul style="list-style-type: none"> <li>• Command Staff (Includes UC Members, if applicable)</li> <li>• General Staff</li> </ul>                                                                                                                                                                                                                       |            |          |
|                                                                                                                                                                | Tactics Meeting      | Develop primary and alternate Tactics to meet Incident Objectives for the next Operational Period.                                                         | <ul style="list-style-type: none"> <li>• Planning Section Chief</li> <li>• Operations Section Chief</li> <li>• Logistics Section Chief</li> <li>• Resource Unit Leader</li> <li>• Situation Unit Leader</li> <li>• Documentation Unit Leader</li> <li>• Communications Leader</li> <li>• Technical Specialist(s)</li> <li>• Safety Officer</li> </ul> |            |          |
|                                                                                                                                                                | Planning Meeting     | Review status and finalize strategies / tactics and assignments to meet Incident Objectives for the next Operational Period and get tacit approval of IAP. | <ul style="list-style-type: none"> <li>• Command Staff (Includes UC Members, if applicable)</li> <li>• General Staff</li> <li>• Situation Unit Leader</li> <li>• Documentation Unit Leader</li> <li>• Technical Specialist(s)</li> </ul>                                                                                                              |            |          |
|                                                                                                                                                                | Operations Briefing* | Present IAP and assignments to the Supervisors / Leaders for the next Operational Period                                                                   | <ul style="list-style-type: none"> <li>• Command Staff (Includes UC Members, if applicable)</li> <li>• General Staff</li> <li>• Branch Directors</li> <li>• Group Supervisors</li> </ul>                                                                                                                                                              |            |          |
|                                                                                                                                                                | Other:               |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |            |          |
| <b>* 4. Operations Briefing Agenda</b>                                                                                                                         |                      |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |            |          |
| Agenda                                                                                                                                                         |                      |                                                                                                                                                            | Responsible Role                                                                                                                                                                                                                                                                                                                                      |            |          |
| • <b>Call Meeting To Order:</b> Review Agenda and facilitate briefing.                                                                                         |                      |                                                                                                                                                            | Planning Section Chief                                                                                                                                                                                                                                                                                                                                |            |          |
| • <b>Objectives:</b> Present incident objectives for the next operating period or confirm existing objectives if still valid                                   |                      |                                                                                                                                                            | Incident Commander or Planning Section Chief                                                                                                                                                                                                                                                                                                          |            |          |
| • <b>Assessment of Current Situation:</b> Provide current assessment and accomplishments                                                                       |                      |                                                                                                                                                            | Current Operations Section Chief                                                                                                                                                                                                                                                                                                                      |            |          |
| • <b>Work Assignments:</b> Review work assignments and staffing of branches and groups for the upcoming operational period                                     |                      |                                                                                                                                                            | Oncoming Operations Section Chief                                                                                                                                                                                                                                                                                                                     |            |          |
| • <b>Special Considerations:</b> Present updates on considerations affecting the response (weather, environmental factors, resource availability, access etc.) |                      |                                                                                                                                                            | Situation Unit Leader and Technical Specialist(s)                                                                                                                                                                                                                                                                                                     |            |          |
| • <b>Safety:</b> Reviews specific risks to operational resources and the identified safety/mitigation measures                                                 |                      |                                                                                                                                                            | Safety Officer                                                                                                                                                                                                                                                                                                                                        |            |          |
| • <b>Liaison:</b> Provide update on interagency communications and response                                                                                    |                      |                                                                                                                                                            | Liaison Officer                                                                                                                                                                                                                                                                                                                                       |            |          |
| • <b>Public Information:</b> Discuss standing of public information messaging                                                                                  |                      |                                                                                                                                                            | Information Officer                                                                                                                                                                                                                                                                                                                                   |            |          |
| • <b>Logistics:</b> Provide status of resource order(s)                                                                                                        |                      |                                                                                                                                                            | Logistics Section Chief                                                                                                                                                                                                                                                                                                                               |            |          |
| • <b>Specific Section Chief / Unit Leaders:</b> Present information related to ensuring safe and efficient operations                                          |                      |                                                                                                                                                            | Section Chief(s) / Unit Leader(s)                                                                                                                                                                                                                                                                                                                     |            |          |
| • <b>Administration:</b> Provide financial and administrative update                                                                                           |                      |                                                                                                                                                            | Administration/Finance Section Chief                                                                                                                                                                                                                                                                                                                  |            |          |
| • <b>Closing Remarks:</b> Reiterate operational concerns and Direct resources to deploy                                                                        |                      |                                                                                                                                                            | Incident Commander                                                                                                                                                                                                                                                                                                                                    |            |          |
| • <b>Announcements:</b> Announce next Briefing Meeting time. Adjourn meeting                                                                                   |                      |                                                                                                                                                            | Planning Section Chief                                                                                                                                                                                                                                                                                                                                |            |          |
| <b>5. Prepared by:</b>                                                                                                                                         |                      | Position/Title: Situation Unit Leader                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                       |            |          |
| Name:                                                                                                                                                          |                      |                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                       |            |          |
| <b>Signature:</b>                                                                                                                                              |                      | Date/Time:                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                       |            |          |

### ICS 230 Completion Instructions

**Purpose:** To document and post a schedule of daily meetings and provide information on their purpose, location and expected attendees.

**Preparation:** The ICS 230 is an optional form that may be completed and posted by the Situation Unit Leader.

| Item # | Item Title                 | Instructions                                                                                                                                         |
|--------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | Incident Name              | Enter the name assigned to the incident.                                                                                                             |
| 2      | Operational Period         | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies. |
| 3      | Meeting Schedule           | Enter information as applicable. Commonly held meetings are included; other meetings are added as appropriate/required.                              |
| 4      | Operations Briefing Agenda | Suggested agenda for Operations Briefing                                                                                                             |
| 5      | Prepared by                | Enter the name and signature of the person preparing the form.<br>Enter date (month/day/year) and time prepared (24 hour clock).                     |

**Distribution:** The ICS 230, if developed, will be posted in the Situational and Status Displays (poster size), with an 8 ½ x 11" original copy provided to the Documentation Unit for inclusion in incident documentation.



**WORK ANALYSIS MATRIX (ICS 234)**

|                                                                |                                                              |                                                                    |            |          |
|----------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------|------------|----------|
| <b>1. Incident Name:</b>                                       | <b>2. Operational Period:</b>                                |                                                                    | Date from: | Date to: |
|                                                                |                                                              |                                                                    | Time from: | Time to: |
| <b>3. Operational Objectives:</b><br>Command's DESIRED OUTCOME | <b>4. Strategies:</b><br>HOW to achieve the Desired Outcomes | <b>5. Tactics / Work Assignments:</b><br>WHO, WHAT, WHERE and WHEN |            |          |
| <b>A.</b>                                                      | <b>A1</b>                                                    | <b>A1.1</b>                                                        |            |          |
|                                                                |                                                              | <b>A1.2</b>                                                        |            |          |
|                                                                | <b>A2</b>                                                    | <b>A2.1</b>                                                        |            |          |
|                                                                |                                                              | <b>A2.2</b>                                                        |            |          |
|                                                                | <b>A3</b>                                                    | <b>A3.1</b>                                                        |            |          |
|                                                                |                                                              | <b>A3.2</b>                                                        |            |          |
| <b>B.</b>                                                      | <b>B1</b>                                                    | <b>B1.1</b>                                                        |            |          |
|                                                                |                                                              | <b>B1.2</b>                                                        |            |          |
|                                                                | <b>B2</b>                                                    | <b>B2.1</b>                                                        |            |          |
|                                                                |                                                              | <b>B2.2</b>                                                        |            |          |
|                                                                | <b>B3</b>                                                    | <b>B3.1</b>                                                        |            |          |
|                                                                |                                                              | <b>B3.2</b>                                                        |            |          |
| <b>C.</b>                                                      | <b>C1</b>                                                    | <b>C1.1</b>                                                        |            |          |
|                                                                |                                                              | <b>C1.2</b>                                                        |            |          |
|                                                                | <b>C2</b>                                                    | <b>C2.1</b>                                                        |            |          |
|                                                                |                                                              | <b>C2.2</b>                                                        |            |          |
|                                                                | <b>C3</b>                                                    | <b>C3.1</b>                                                        |            |          |
|                                                                |                                                              | <b>C3.2</b>                                                        |            |          |
| <b>D.</b>                                                      | <b>D1</b>                                                    | <b>D1.1</b>                                                        |            |          |
|                                                                |                                                              | <b>D1.2</b>                                                        |            |          |
|                                                                | <b>D2</b>                                                    | <b>D2.1</b>                                                        |            |          |
|                                                                |                                                              | <b>D2.2</b>                                                        |            |          |
|                                                                | <b>D3</b>                                                    | <b>D3.1</b>                                                        |            |          |
|                                                                |                                                              | <b>D3.22</b>                                                       |            |          |
| <b>E.</b>                                                      | <b>E1</b>                                                    | <b>E1.1</b>                                                        |            |          |
|                                                                |                                                              | <b>E1.2</b>                                                        |            |          |
|                                                                | <b>E2</b>                                                    | <b>E2.1</b>                                                        |            |          |
|                                                                |                                                              | <b>E2.2</b>                                                        |            |          |
|                                                                | <b>E3</b>                                                    | <b>E3.1</b>                                                        |            |          |
|                                                                |                                                              | <b>E3.2</b>                                                        |            |          |
| <b>6. Prepared by:</b>                                         |                                                              | Position/Title:                                                    |            |          |
| Name:                                                          |                                                              |                                                                    |            |          |
| <b>Signature:</b>                                              |                                                              | Date/Time:                                                         |            |          |
|                                                                |                                                              |                                                                    |            |          |

### ICS 234 Completion Instructions

**Purpose:** To transform Command Directives (Objectives) into an operational plan. The ICS 234 is essentially a work contract between the Operations Section Chief (OSC) and the Deputy OSC, Branch Directors, Division or Group Supervisors and Area Staging Managers.

**Preparation:** The ICS 234 is prepared by the OSC as soon as Objectives have been established.

| Item #                                                                                                                                  | Item Title                 | Instructions                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1                                                                                                                                       | Incident Name              | Enter the name assigned to the incident.                                                                                                                                                                                                                     |
| 2                                                                                                                                       | Operational Period         | Enter the start date (month/day/year) and time (using the 24-hour clock) and end date and time for the operational period to which the form applies.                                                                                                         |
| 3                                                                                                                                       | Operational Objectives     | Enter Command's Operational Objectives developed during the Objectives Meeting (i.e. Command's DESIRED OUTCOME). Objectives should be SMART in nature.                                                                                                       |
| 4                                                                                                                                       | Strategies                 | List all appropriate strategies, including contingency strategies, for the corresponding objective (i.e. HOW to achieve the Desired Outcomes). The potential for litigation necessitates that this kind of information be properly documented and preserved. |
| 5                                                                                                                                       | Tactics / Work Assignments | List the specific work assignment(s) supporting a particular strategy. Clearly outline the task(s) to be accomplished, where, when and with what (WHO, WHAT, WHERE, and WHEN).                                                                               |
| <b>Repeat Steps 3-5 until all of the operational objectives have been completely outlined.<br/>Add additional form pages as needed.</b> |                            |                                                                                                                                                                                                                                                              |
| 6                                                                                                                                       | Prepared by                | Enter the name and signature of the person preparing the form.<br>Enter date (month/day/year) and time prepared (24 hour clock).                                                                                                                             |

**Distribution:** The ICS Form 234 will be posted and reviewed at the Tactics Meeting (if completed beforehand) and the Planning Meeting, and may be utilized to complete the Resources Request Message ICS215RR and Operational Planning Worksheet ICS 215. A copy will be provided to the Documentation Unit to form part of the incident documentation package.

**NOTIFICATION (VOLUNTARY EVACUATION) MESSAGE**

**FORM – PP 1**

**Telephoner Script**

- Hello, this is (your name) \_\_\_\_\_ of Harvest Operations Corp.
- Is this the (family name / business name) \_\_\_\_\_?
- There has been a problem reported at one of Harvest's \_\_\_\_\_ (Wells / Facilities / Pipelines / Drilling – Completion Sites) located in your area.
- Corrective actions are being taken at the site and all efforts are being made to solve the problem.
- You are in no immediate danger at this time and are receiving this call for informational purposes only.
- We expect to resolve the problem within \_\_\_\_\_ (timeframe).
- Do you understand this message? \_\_\_\_\_
- We would ask that you refrain from using your telephone for non-emergency calls, so we may contact you should the situation change and further instructions are required.
- Based on the current situation we are not taking steps to evacuate the area at time; however, should you choose to evacuate the area voluntarily, please proceed to a location that is at least \_\_\_\_\_ (km) from where you are presently situated.
- Are you planning to voluntarily evacuate? \_\_\_\_\_

**Notes for Harvest Telephoner(s):**

If the contact elects to voluntarily evacuate obtain answers to the following questions:

- What is the location of the alternate accommodation you plan to go to? \_\_\_\_\_
- What is the telephone number at that location, so we may contact you with updates? \_\_\_\_\_
- What direction do you plan to go to reach your intended destination? \_\_\_\_\_
- How many people are at your location? \_\_\_\_\_
- How many people are choosing to voluntarily evacuate? \_\_\_\_\_
- Do you have any children currently attending school? \_\_\_\_\_
- What School do they attend? \_\_\_\_\_

*(During school hours, school divisions will be advised of any roadblock locations that may impact bussing and the drop off of children at their homes. Children will be handled in accordance with the school's safety procedures)*

- Do you require evacuation assistance? \_\_\_\_\_
- Do you require transportation assistance? \_\_\_\_\_

*(If transportation assistance is required, ensure the Public Protection Branch Director or Operations Section Chief are notified immediately so they can arrange to have a vehicle dispatched to assist)*

- Thank you for your co-operation.
  - Again my name is \_\_\_\_\_ and you can reach me at \_\_\_\_\_.
- For immediate assistance contact **Harvest's Emergency Number at 1-800-760-2826.**

**Ensure information that requires follow-up is immediately provided to the Public Protection Branch Director or Operations Section Chief**

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**SHELTER-IN-PLACE MESSAGE FORM - PP 2**

**Telephoner Script**

- Hello, this is (your name) \_\_\_\_\_ of Harvest Operations Corp.
- Is this the (family name / business name) \_\_\_\_\_?
- There has been a problem reported at one of Harvest's \_\_\_\_\_ (Wells / Facilities / Pipelines / Drilling – Completion Sites) located in your area.
- Corrective actions are being taken at the site and all efforts are being made to solve the problem.
- For your safety and the safety of all those with you, it is extremely important that you all proceed indoors and remain there with the outside windows and doors closed and locked until the potential hazard no longer exists or you are advised to evacuate.
- To help us understand your immediate needs we need to know:
  1. How many are at your location now? \_\_\_\_\_; How many are children? \_\_\_\_\_
  2. Do you have any children currently attending school? \_\_\_\_\_
  3. What School do they attend? \_\_\_\_\_  
*(During school hours, school divisions will be advised of any roadblock locations that may impact bussing and the drop off of children at their homes. Children will be handled in accordance with the school's safety procedures)*
  4. Is there anyone you can not contact to get indoors? **YES / NO** (circle one)  
**IF YES**, What is the location of the person(s) you can not contact? \_\_\_\_\_  
*(Assure the contact we will be dispatching someone to find the person(s) as soon as possible and that it is imperative they do not go outdoors in search of the person(s) themselves)*
  5. Do you have access to the Public Information Package provided to you during consultations for our ERP update? **YES / NO** (circle one)  
**IF YES**, the package includes instructions for Sheltering-In-Place. Are you comfortable reviewing and following these instructions on your own, or would you like me to go over them with you?  
**IF NO**, or the contact has requested you review the shelter-in-place instructions with them, request they take the following actions immediately:
    - Extinguish any sources of ignition such as indoor wood burning fires, If possible, close flue dampers
    - Turn off appliances or equipment that blows out or uses indoor air (Bathroom and kitchen exhaust fans, Gas / wood fireplaces, Built-in vacuum systems, Gas / wood stoves, Clothes dryers)
    - Turn off appliances or equipment that Sucks in outside air (Heating ventilation and air conditioning (HVAC) systems for apartments, commercial or public facilities, Fans for heat recovery ventilators or energy recovery ventilators (HRV/ERV))
    - Turn down thermostats to the minimum setting and turn off air conditioners
    - Leave open all inside doors to allow for the exchange of internal air in the building
    - Avoid using the telephone, except for emergencies, so that you can be contacted by emergency response personnel
    - Call Harvest's 24-hour emergency number at **1-800-760-2826** if you experience symptoms or smell odours; you can no longer follow shelter-in-place instructions; or if you have contacted fire, police or ambulance (so that response actions can be coordinated)
    - Stay tuned to local radio and television for possible information updates
    - Do not leave the building until told to do so, even if you see people outside
- Do you understand this message? \_\_\_\_\_
- We would ask that you refrain from using your telephone for non-emergency calls, so we may contact you should the situation change and further instructions or updates are required.

**Note for Harvest Telephoner(s):**

If the contact is determined to leave their location when shelter-in-place is being recommended, calmly explain that it is more hazardous to evacuate at this time because indoor concentrations of the hazard will be significantly lower than outdoor concentrations. The safest action is to remain sheltered.

- Thank you for your co-operation.
- Again my name is \_\_\_\_\_ and you can reach me at \_\_\_\_\_.  
For immediate assistance contact **Harvest's Emergency Number at 1-800-760-2826.**

**Ensure information that requires follow-up is immediately provided to the Public Protection Branch Director or Operations Section Chief**

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**EVACUATION MESSAGE FORM – PP 3**

**Telephoner Script**

- Hello, this is (your name) \_\_\_\_\_ of Harvest Operations Corp.
- Is this the (family name / business name) \_\_\_\_\_?
- We are responding to a problem at one of Harvest's \_\_\_\_\_ (Wells / Facilities / Pipelines / Drilling – Completion Sites) located in your area.
- You are in no danger at this time, but as a precautionary measure we ask that you evacuate your location **immediately** and proceed to the designated Reception Centre \_\_\_\_\_ (Hall, Office, Hotel, etc.) located at \_\_\_\_\_ (provide address or land location) following the route of \_\_\_\_\_ (provide directions from contacts location to the Reception Centre ensuring they are not traveling toward the hazard if possible). More information and further instructions will be provided at the Reception Centre.

**Information to be collected and immediately provided to Public Protection Branch Director for distribution to Rover(s), Evacuation Personnel and Reception Centre Personnel**

- How many are at your location now? \_\_\_\_\_; How many are children? \_\_\_\_\_
- Are you expecting the arrival of anyone shortly? **YES / NO** (circle one), if so, who? \_\_\_\_\_
- Is there anyone outdoors you can not contact easily? **YES / NO** (circle one)
- **IF YES**, What is the location of the person(s) you can not contact? \_\_\_\_\_  
(Assure the contact we will be dispatching someone to find the person(s) as soon as possible and that is imperative they do not go in search of the person(s) themselves)
- Do you, or anyone at your location, require evacuation assistance? **YES / NO** (circle one), **IF YES**, type? \_\_\_\_\_
- Do you have transportation for all people at your location? **YES / NO** (circle one), **IF NO**, what transportation requirements are needed? \_\_\_\_\_  
(instruct contact to stay indoors following shelter-in-place instructions until transportation assistance arrives)
- Do you have any children currently attending school? \_\_\_\_\_
- What School do they attend? \_\_\_\_\_  
(During school hours, school divisions will be advised of any roadblock locations that may impact bussing and the drop off of children at their homes. Children will be handled in accordance with the school's safety procedures)

- Do you understand this message? **YES / NO** (circle one)
- Are you leaving immediately? **YES / NO** (circle one)
- If for some reason you can not leave, or your anticipated arrival at the Reception Centre changes, please call me back.
- We would ask that you refrain from using your telephone for non-emergency calls, so phone lines remain open for response purposes.
- Thank you for your co-operation.
- Again my name is \_\_\_\_\_ and you can reach me at \_\_\_\_\_.

For immediate assistance contact **Harvest's Emergency Number at 1-800-760-2826.**

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**PUBLIC EVACUATION NOTICE FORM – PP 4**

# EMERGENCY EVACUATION NOTICE

**For locations or vehicles within the identified response area which are unoccupied or unaccounted for at time of response visit**

All information on this form is completed in the field by Rover / Evacuation personnel with information known at the time of delivery.

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Emergency Response Area Size: \_\_\_\_\_ (km)

Harvest Operations Corp. is currently responding to an emergency situation at one of Harvest's \_\_\_\_\_ (Wells / Facilities / Pipelines / Drilling-Completion Sites) at the location of \_\_\_\_\_, which is approximately \_\_\_\_\_(km) North / Northeast / East / Southeast / South / Southwest / West / Northwest (circle one) of your location.

As a safety precaution an evacuation order has been implemented for the area you are currently in. If you have access to a phone and phone service please contact one of the following numbers to receive the most current evacuation instructions and so we can confirm your safety.

Harvest Public Protection Branch Director, \_\_\_\_\_ (Name) \_\_\_\_\_ (Number)  
\_\_\_\_\_, \_\_\_\_\_ (Name) \_\_\_\_\_ (Number)

Harvest Emergency Number \_\_\_\_\_ 1-800-760-2826

If you are unable to telephone, please evacuate the area immediately avoiding travel downwind of the emergency location. Once you reach an area with phone service, contact Harvest so we can provide you with up to date evacuation instructions.

If a Reception Centre has been established the facility and location will be listed here and you are directed to proceed to this location for check-in and further instructions.

If no facility is listed, you are requested to seek reasonable alternate accommodation outside of the emergency response area, and contact Harvest upon your arrival so we can document your safe removal from the area and obtain current contact information so we can provide you with updates to the situation.

**Harvest Operations Corp. Emergency Number - 1-800-760-2826**

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**ROADBLOCK CHECKPOINT RECORD FORM – PP 5**

| <b>1. Incident Name</b>                                                                                                                                                                                               |                                  | <b>2. Operational Period (Date/Time)</b><br><br>From: _____ To: _____ |                             | <b>3. Roadblock Location</b>         |                                     |                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------------------------------------|-----------------------------|--------------------------------------|-------------------------------------|----------------------------------------------------------------|
| <b>Notes: Record all incoming and outgoing vehicles including those who are turned away at the roadblock.</b><br><b>All non emergency response vehicles should be discouraged from proceeding past the roadblock.</b> |                                  |                                                                       |                             |                                      |                                     |                                                                |
| Vehicle Make / Model / Type                                                                                                                                                                                           | Licence Plate # Province / State | Name of Driver                                                        | Number of Vehicle Occupants | Time Entering EPZ<br>(24-hour clock) | Time Exiting EPZ<br>(24-hour clock) | Comments (Include Destination if provided)                     |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
|                                                                                                                                                                                                                       |                                  |                                                                       |                             |                                      |                                     |                                                                |
| <b>4. Prepared by:</b><br>Name / Position: _____ Signature: _____ Date: _____                                                                                                                                         |                                  |                                                                       |                             |                                      |                                     | <b>5. Time Sent to Public Protection Branch Dir.:</b><br>_____ |

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**PUBLIC NOTIFICATION RECORD FORM – PP 6**

| <b>1. Incident Name</b>                                                                                                  |              |                |                              | <b>2. Date</b> (DD/MM/YYYY)                                                                                 |                                                             |       | <b>3. Page</b> ____ <b>of</b> ____                       |          |
|--------------------------------------------------------------------------------------------------------------------------|--------------|----------------|------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------|----------------------------------------------------------|----------|
| <b>Legend:</b> <b>N</b> = Notification <b>V</b> = Voluntary Evacuation <b>S</b> = Shelter-in-place <b>E</b> = Evacuation |              |                |                              |                                                                                                             |                                                             |       |                                                          |          |
| Time of Contact<br><small>(24-hour clock)</small>                                                                        | Contact Name | ERP Map Ref. # | Number of People at Location | Public Protection Measure Recommended<br><small>(See Legend Above)</small>                                  | Evacuation Assistance or Transportation Required?           |       | Location Evacuating To<br><small>(if applicable)</small> | Comments |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
|                                                                                                                          |              |                |                              | <input type="checkbox"/> N <input type="checkbox"/> V <input type="checkbox"/> S <input type="checkbox"/> E | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | Type: |                                                          |          |
| <b>4. Prepared by:</b><br>Name / Position: _____ Signature: _____ Date: _____                                            |              |                |                              |                                                                                                             |                                                             |       | <b>5. Time Sent to Public Protection Branch Dir.:</b>    |          |

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**EVACUEE REGISTRATION RECORD FORM – PP 7**

| <b>1. Incident Name:</b>                                                      |              |                                | <b>2. Date:</b> (DD/MM/YYYY) |                                                                     |                                           | <b>3. Registration Centre Location:</b> |                                       |                                         | <b>4. Page</b> ____ <b>of</b> ____                       |                 |
|-------------------------------------------------------------------------------|--------------|--------------------------------|------------------------------|---------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------|----------------------------------------------------------|-----------------|
| <b>Evacuee Name</b><br>(List All Names In Group)                              |              | <b>Time</b><br>(24-hour clock) |                              | <b>Location Evacuated From</b><br>(ERP Map Ref. # or Land Location) | <b>Destination</b><br>(During Evacuation) |                                         | <b>Evacuee Request(s) or Concerns</b> | <b>Harvest Commitment(s) to Evacuee</b> | <b>Expense Claim Form Provided to Evacuee?</b>           | <b>Comments</b> |
| <b>Last</b>                                                                   | <b>First</b> | <b>Check-In</b>                | <b>Check-Out</b>             |                                                                     | <b>Location</b>                           | <b>Phone #</b>                          |                                       |                                         |                                                          |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
|                                                                               |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |                 |
| <b>5. Prepared by:</b><br>Name / Position: _____ Signature: _____ Date: _____ |              |                                |                              |                                                                     |                                           |                                         |                                       |                                         | <b>6. Time Sent to Public Protection Branch Dir.:</b>    |                 |

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**EXPENSE CLAIM FORM FORM – PP 8**

|                                                                                                    |                                                              |  |                    |     |      |       |                  |          |      |  |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--|--------------------|-----|------|-------|------------------|----------|------|--|
| <b>To Be Completed By<br/>Reception Centre Rep.</b>                                                | <b>Incident Name:</b>                                        |  |                    |     |      |       |                  |          |      |  |
|                                                                                                    | Location of Reception Centre, Form Distributed From          |  |                    |     |      |       |                  |          |      |  |
|                                                                                                    | Name of Reception Centre Representative who Distributed Form |  |                    |     |      |       |                  |          |      |  |
|                                                                                                    | Date (DD/MM/YYYY) Form Distributed                           |  |                    |     |      |       |                  |          |      |  |
|                                                                                                    | Time (24 Hour Clock) Form Distributed                        |  |                    |     |      |       |                  |          |      |  |
| <b>Claimant Information</b>                                                                        |                                                              |  |                    |     |      |       |                  |          |      |  |
| Name                                                                                               |                                                              |  |                    |     |      |       |                  |          |      |  |
| Mailing Address                                                                                    |                                                              |  |                    |     |      |       |                  |          |      |  |
| City                                                                                               |                                                              |  |                    |     |      |       |                  |          |      |  |
| Province                                                                                           |                                                              |  |                    |     |      |       |                  |          |      |  |
| Postal Code                                                                                        |                                                              |  |                    |     |      |       |                  |          |      |  |
| Legal Description of Location<br>Evacuated From                                                    |                                                              |  | DLS                | LSD | Sec  | Twp   | Rge              | W        | M    |  |
|                                                                                                    |                                                              |  | NTS                | Qtr | Unit | Block | Map              | Mapsheet | Grid |  |
| Address While Evacuated                                                                            |                                                              |  |                    |     |      |       |                  |          |      |  |
| Telephone Number(s)                                                                                |                                                              |  | Home:              |     |      |       |                  |          |      |  |
|                                                                                                    |                                                              |  | Cell:              |     |      |       |                  |          |      |  |
|                                                                                                    |                                                              |  | While Evacuated:   |     |      |       |                  |          |      |  |
| <b>Expenses Being Claimed<br/>(All Receipts Must Be Affixed To This Claim Form For Processing)</b> |                                                              |  |                    |     |      |       |                  |          |      |  |
| Period of Expenses Incurred                                                                        |                                                              |  | From (DD/MM/YYYY): |     |      |       | To (DD/MM/YYYY): |          |      |  |
| Accommodation<br>(if not arranged by response personnel)                                           |                                                              |  | Brief Description: |     |      |       |                  |          | \$   |  |
| Meals<br>(if not arranged by response personnel)                                                   |                                                              |  | Brief Description: |     |      |       |                  |          | \$   |  |
| Transportation<br>(if expenses incurred as a result of evacuation)                                 |                                                              |  | Brief Description: |     |      |       |                  |          | \$   |  |
| Other Reasonable Daily Expenses                                                                    |                                                              |  | Brief Description: |     |      |       |                  |          | \$   |  |
| Other Reasonable Daily Expenses                                                                    |                                                              |  | Brief Description: |     |      |       |                  |          | \$   |  |
| Other Reasonable Daily Expenses                                                                    |                                                              |  | Brief Description: |     |      |       |                  |          | \$   |  |
|                                                                                                    |                                                              |  | Total              |     |      |       |                  |          | \$   |  |
| Claimant Signature                                                                                 |                                                              |  |                    |     |      |       |                  |          |      |  |
| <b>For Harvest Use Only</b>                                                                        |                                                              |  |                    |     |      |       |                  |          |      |  |
| <b>Received By</b>                                                                                 |                                                              |  |                    |     |      |       |                  |          |      |  |
| Name / Position:                                                                                   |                                                              |  | Signature:         |     |      |       | Date/Time:       |          |      |  |
| <b>Person Forwarded To For Processing And Payment</b>                                              |                                                              |  |                    |     |      |       |                  |          |      |  |
| Name / Position:                                                                                   |                                                              |  | Signature:         |     |      |       | Date/Time:       |          |      |  |
| Date Processed / Paid                                                                              |                                                              |  | AFE / Cost Centre  |     |      |       |                  |          |      |  |

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**FORM – ENV 1**

## FORMS

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**PRELIMINARY MEDIA STATEMENT****FORM – MDA 1**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                  |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------|------------|
| <b>Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>Location:</b> |            |
| <p>At _____ (time) on _____ (date) a _____ (nature of incident – gas release / leak / spill / fire / explosion) occurred at the Harvest Operations Corp _____ (Well / Facility / Pipeline / Drilling – Completion Site) located approximately _____ km (North / Northeast / East / Southeast / South / Southwest / West / Northwest) of _____ (nearest town or city).</p> <p>Emergency response procedures have been initiated and Harvest Operations Corp has activated its Emergency Response Plan to protect the public, response personnel including our employees and the environment.</p> <p>The cause of the _____ (nature of incident – gas release / leak / spill / fire / explosion) is not yet known and we do not have an estimate of the damage at this time. Harvest Operations will release further information as it becomes available for updates.</p> <p>Thank you</p> |  |                  |            |
| <b>Prepared By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                  |            |
| Name / Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Signature:       | Date/Time: |

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**MEDIA INQUIRY REPORT FORM – MDA 2**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------|
| <b>Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>Location:</b> |                                         |
| ➤ Use the following prompts when responding to inquiries from the Media.<br>➤ Forwarded responses to the Information Officer (IO) (or Incident Commander if IO has not yet been assigned) immediately so an official media release can be completed and communicated.                                                                                                                                                                                                                               |                  |                                         |
| <p>“I am not the Information Officer for Harvest Operations Corp; however, we do have a Information Officer who can help you with your questions. Their name is _____ (name of IO). If I could request some follow-up information, I will notify the Information Officer who will get back to you as soon as possible.”</p> <p>If contact information for the IO has been provided for the incident, media personnel can be provided with that information so they may contact the IO directly.</p> |                  |                                         |
| Reporter's Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                         |
| Organization / Media Affiliation                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                         |
| Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  |                                         |
| Alternate Telephone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                         |
| Fax Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                         |
| E-mail Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                         |
| Reporter's Deadline                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                         |
| Information Requested                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                         |
| <b>Prepared By</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                         |
| Name / Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signature:       | Date/Time:                              |
| <b>Forwarded to for follow-up</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                         |
| Name / Position:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | Date/Time sent to Information Officer:: |

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**THREATENING CALL / BOMB THREAT REPORT**

**FORM – SEC 1**

**Important Instructions When Receiving A Threatening Call**

- Remain calm
- Listen carefully (Unspoken information is critical)
- Do not interrupt caller
- Do not use confrontational language
- Attempt to keep the caller talking. Initiate and maintain as much conversation as possible
- Record as much information as possible during the call. When possible, document exact phrases and words used
- Try to attract the attention of another person without interrupting the call, and signal them to notify your supervisor
- As soon as call has ended notify Incident Commander and follow their direction

**Recording Of Call (Use exact words of caller when possible)**

Type of Threat:

Time Call Received (24 Hour Clock):

Date (DD/MM/YYYY):

Number Call Received From (try \*69 after call is no call display available):

Record of Call (Use back of form if more space is required):

**Questions To Ask Caller**

What time will the bomb explode?

Where is the bomb located?

What kind of bomb is it?

What does it look like?

Did you place the bomb?

Why did you place the bomb?

When was the bomb placed?

What will cause the bomb to be set off? (movement, time, shock)

Where are you calling from?

What is your name?

Do you represent an organization/cause? What is their name?

Do you know anyone at Harvest Operations Corp?

**Descriptive Characteristics Of Call / Caller**

| Voice                                 | Speech                                   | Language                             | Demeanor                                   | Background                                            |
|---------------------------------------|------------------------------------------|--------------------------------------|--------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Cracking     | <input type="checkbox"/> Accent (Type)   | <input type="checkbox"/> Educated    | <input type="checkbox"/> Accusatory        | <input type="checkbox"/> Airplanes                    |
| <input type="checkbox"/> Deep         | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Excellent   | <input type="checkbox"/> Angry             | <input type="checkbox"/> Animals                      |
| <input type="checkbox"/> Distinct     | <input type="checkbox"/> Deep Breathing  | <input type="checkbox"/> Fair        | <input type="checkbox"/> Calm              | <input type="checkbox"/> Bedlam                       |
| <input type="checkbox"/> Distorted    | <input type="checkbox"/> Fast            | <input type="checkbox"/> Foul        | <input type="checkbox"/> Coherent          | <input type="checkbox"/> Children                     |
| <input type="checkbox"/> Female       | <input type="checkbox"/> Lisp            | <input type="checkbox"/> Good        | <input type="checkbox"/> Crying            | <input type="checkbox"/> Factory                      |
| <input type="checkbox"/> High Pitched | <input type="checkbox"/> Read Message    | <input type="checkbox"/> Poor        | <input type="checkbox"/> Deliberate        | <input type="checkbox"/> Household (Dishes, TV, etc.) |
| <input type="checkbox"/> Loud         | <input type="checkbox"/> Slow            | <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Emotional         | <input type="checkbox"/> Machinery, Type?             |
| <input type="checkbox"/> Male         | <input type="checkbox"/> Slurred         | <input type="checkbox"/> Other       | <input type="checkbox"/> Excited / Nervous | <input type="checkbox"/> Motors (Fans, AC, etc.)      |
| <input type="checkbox"/> Muffled      | <input type="checkbox"/> Stutter         | <input type="checkbox"/> Other       | <input type="checkbox"/> Happy             | <input type="checkbox"/> Music                        |
| <input type="checkbox"/> Nasally      | <input type="checkbox"/> Other           | <input type="checkbox"/> Other       | <input type="checkbox"/> Incoherent        | <input type="checkbox"/> Party Atmosphere             |
| <input type="checkbox"/> Old          | <input type="checkbox"/> Other           |                                      | <input type="checkbox"/> Intoxicated       | <input type="checkbox"/> People talking in distance   |
| <input type="checkbox"/> Raspy        | <input type="checkbox"/> Other           |                                      | <input type="checkbox"/> Irrational        | <input type="checkbox"/> Public address system        |
| <input type="checkbox"/> Soft         |                                          |                                      | <input type="checkbox"/> Laughing          | <input type="checkbox"/> Quiet                        |
| <input type="checkbox"/> Synthesized  |                                          |                                      | <input type="checkbox"/> Polite            | <input type="checkbox"/> Static                       |
| <input type="checkbox"/> Young        |                                          |                                      | <input type="checkbox"/> Rational          | <input type="checkbox"/> Street traffic               |
| <input type="checkbox"/> Whispered    |                                          |                                      | <input type="checkbox"/> Righteous         | <input type="checkbox"/> Taped message                |
| <input type="checkbox"/> Other        |                                          |                                      | <input type="checkbox"/> Sad               | <input type="checkbox"/> Trains                       |

Did the callers voice appear familiar? If so, who did it sound like?

Did the caller appear familiar with Harvest's property or assets?

**Prepared By**

Name / Position:

Signature:

Date/Time:

**People Advised Of Situation**

|                                              |                                            |                                                 |                                                      |                                         |
|----------------------------------------------|--------------------------------------------|-------------------------------------------------|------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Supervisor<br>Time: | <input type="checkbox"/> Security<br>Time: | <input type="checkbox"/> Police / RCMP<br>Time: | <input type="checkbox"/> Incident Commander<br>Time: | <input type="checkbox"/> Other<br>Time: |
|----------------------------------------------|--------------------------------------------|-------------------------------------------------|------------------------------------------------------|-----------------------------------------|



THREATENING CALL / BOMB THREAT REPORT

FORM – SEC 1

Record of Call - Continued:



## First Call Communication

This form is to be used when taking information for spills/releases. It will assist in consistent gathering of data and should be attached to the FIS record.

| General Incident Information                                                                                                                                                                                                                                |                  |               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|--|
| AER contact:                                                                                                                                                                                                                                                |                  | Field centre: |  |
| Licensee:                                                                                                                                                                                                                                                   | Caller:          | Phone:        |  |
| E-mail address for release report:                                                                                                                                                                                                                          |                  |               |  |
| Licence #:                                                                                                                                                                                                                                                  | Pipeline line #: | Approval #:   |  |
| Incident location: ____ / ____ / ____ / ____ W ____ M                                                                                                                                                                                                       |                  |               |  |
| Emergency level:                                                                                                                                                                                                                                            |                  |               |  |
| Serious event? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                     |                  |               |  |
| If yes, what kind of serious event? <input type="checkbox"/> Blowout <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Other control loss <input type="checkbox"/> Fracking <input type="checkbox"/> Casing failure |                  |               |  |
| Land type (jurisdiction): <input type="checkbox"/> Freehold <input type="checkbox"/> First Nations <input type="checkbox"/> Métis <input type="checkbox"/> CFB <input type="checkbox"/> Crown – Disposition #:                                              |                  |               |  |
| Agencies notified:                                                                                                                                                                                                                                          |                  | Date:         |  |
| FIRST duty office (DO) contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date & time DO was contacted:                                                                                                                            |                  |               |  |
| DO contact name:                                                                                                                                                                                                                                            |                  |               |  |

| Release Details                                                                                                                 |                                                            |                                                             |                           |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------------------------------|---------------------------|
| Volumes                                                                                                                         |                                                            |                                                             |                           |
| Substance*                                                                                                                      | Released (m <sup>3</sup> /10 <sup>3</sup> m <sup>3</sup> ) | Recovered (m <sup>3</sup> /10 <sup>3</sup> m <sup>3</sup> ) | Disposal/storage location |
|                                                                                                                                 |                                                            |                                                             |                           |
|                                                                                                                                 |                                                            |                                                             |                           |
|                                                                                                                                 |                                                            |                                                             |                           |
| * For emulsion, break down oil & water if possible.                                                                             |                                                            |                                                             |                           |
| Description of how the release volume was determined and verified (including calculations; e.g., spill length × width × depth): |                                                            |                                                             |                           |
|                                                                                                                                 |                                                            |                                                             |                           |
| Area affected (length × width):                      m <sup>2</sup>                                                             |                                                            |                                                             |                           |
| How was the area affected determined? (Aerial survey, perimeter walk, range finder, samples taken, etc.):                       |                                                            |                                                             |                           |
|                                                                                                                                 |                                                            |                                                             |                           |
| Who delineated the spill area (environmental technologist, operator, etc.) and what process was used?                           |                                                            |                                                             |                           |
|                                                                                                                                 |                                                            |                                                             |                           |

# Emergency Response Plan Corporate



|                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Reminded licensee to update the AER immediately if release volumes or area changes from what was originally reported.                                                           |
| <input type="checkbox"/> Asked for the immediate submission of photos of the entire spill site to the AER and communicated that photos of the cleanup will need to be submitted with the release report. |
| Cause of release (suspected or actual):                                                                                                                                                                  |

|                                                                                                                                                                |                     |                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------|
| <b>Impact</b>                                                                                                                                                  |                     |                                 |
| Release off lease? <input type="checkbox"/> Yes <input type="checkbox"/> No (pipeline right-of-way is off lease)                                               |                     |                                 |
| If yes, was the landowner notified? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                   |                     | Name of landowner/agency:       |
| Release within disposition boundary? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                  |                     |                                 |
| Outside disposition – was leaseholder notified? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                       |                     | Name of leaseholder:            |
| <input type="checkbox"/> If outside disposition, reminded licensee that they will need a TFA.                                                                  |                     |                                 |
| Actual incident H <sub>2</sub> S concentration (if applicable):                                                                                                |                     | % / ppm / mol/kmol              |
| Nearest town:                                                                                                                                                  |                     | Distance and direction to town: |
| Environment affected: <input type="checkbox"/> Air <input type="checkbox"/> Land <input type="checkbox"/> Water                                                |                     |                                 |
| Distance of release to the nearest water body, watercourse, or waterway:                                                                                       |                     |                                 |
| How was this distance determined?                                                                                                                              |                     |                                 |
| Wildlife/waterfowl/livestock affected: <input type="checkbox"/> None <input type="checkbox"/> Habitat affected <input type="checkbox"/> Animals injured/killed |                     |                                 |
| Notes/description:                                                                                                                                             |                     |                                 |
| Confirm how the release has been or will be contained:                                                                                                         |                     |                                 |
| Confirm how the release has been or will be cleaned up:                                                                                                        |                     |                                 |
| Evacuees (#):                                                                                                                                                  | People injured (#): | Fatalities (#):                 |
| Were members of the public affect? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                    |                     |                                 |
| If yes, indicate if they were                                                                                                                                  |                     |                                 |
| <input type="checkbox"/> notified <input type="checkbox"/> instructed to shelter in place <input type="checkbox"/> advised to evacuate                         |                     |                                 |

|                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Notes/description:                                                                                                                                                                 |
| Media interest? <input type="checkbox"/> None <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> National                                   |
| Damage to public property? <input type="checkbox"/> Minor/no damage <input type="checkbox"/> Substantial (home covered in oil) <input type="checkbox"/> Extensive (home destroyed) |

| Pipeline Specific                                                                                                                                                                                                          |                                                      |                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------|--|
| Hit? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              | Line #:                                              | Test failure? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Normal operating pressure:                      kPa                                                                                                                                                                        | Maximum operating pressure:                      kPa |                                                                        |  |
| Is the pipeline shut in, depressured, and isolated? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                               |                                                      |                                                                        |  |
| If yes, date & time:                                                                                                                                                                                                       |                                                      |                                                                        |  |
| What is the total volume of liquid in the pipeline?                                                                                                                                                                        |                                                      |                                                                        |  |
| Are there isolation valves? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, have they been activated? <input type="checkbox"/> Yes <input type="checkbox"/> No                                         |                                                      |                                                                        |  |
| Are there any other pipelines that tie into the failed line? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, have they been shut in/isolated? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                      |                                                                        |  |
| <input type="checkbox"/> Reminded the company to contact the AER before excavating the pipeline.                                                                                                                           |                                                      |                                                                        |  |
| <input type="checkbox"/> Reminded, advised, or directed the company that the pipeline is not to be returned to service without the AER's permission.                                                                       |                                                      |                                                                        |  |
| Right-of-way (ROW)                                                                                                                                                                                                         |                                                      |                                                                        |  |
| <input type="checkbox"/> Licensee has confirmed when the pipeline ROW and well were last checked.                      Date:                                                                                               |                                                      |                                                                        |  |
| How was the ROW surveillance conducted (from the air, by quad, on foot, using infrared, etc.)?                                                                                                                             |                                                      |                                                                        |  |
|                                                                                                                                                                                                                            |                                                      |                                                                        |  |
| <input type="checkbox"/> Requested that daily production volumes for the well/pipeline be submitted within 24 hours.                                                                                                       |                                                      |                                                                        |  |
| Investigation information                                                                                                                                                                                                  |                                                      |                                                                        |  |
| What operations are currently taking place (containment, sampling, line locating, retaining contractors/consultants, pipeline excavation, repair, site access, EM survey, etc.)?                                           |                                                      |                                                                        |  |
|                                                                                                                                                                                                                            |                                                      |                                                                        |  |

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# Release Report

**FORM - REG 2**



Initial verbal notification of the release to the AER is required prior to completing this release report.

| General Information                                                             |  |                                                                   |  |                         |  |
|---------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|-------------------------|--|
| AER FIS incident no.:                                                           |  | EDGE reference no.:                                               |  |                         |  |
| Date AER notified:                                                              |  | Time: <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. |  | AER contact:            |  |
| Type of report: <input type="checkbox"/> Initial <input type="checkbox"/> Final |  | Projected date for final report:                                  |  |                         |  |
| Incident date:                                                                  |  | Time: <input type="checkbox"/> p.m. <input type="checkbox"/> a.m. |  | Incident location: W    |  |
| Duty Holder/Company name:                                                       |  |                                                                   |  |                         |  |
| Licence no.:                                                                    |  | Public lands disposition no.:                                     |  |                         |  |
| EPEA approval no.:                                                              |  | Scheme/Permit approval no.:                                       |  | Other AER approval no.: |  |
| Form completed by:                                                              |  | Phone number:                                                     |  |                         |  |

| Release Volume Details                                                                                                  |                                |                       |                              |                        |          |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------|------------------------------|------------------------|----------|
| If volumes change from what was initially reported, then verbal notification to the AER is required.                    |                                |                       |                              |                        |          |
| Released Substance *                                                                                                    | Volume released                | Free Fluids recovered | Shipped to (waste receiver)* | Licence/ approval no.* | Location |
|                                                                                                                         | m <sup>3</sup>                 | m <sup>3</sup>        |                              |                        | W        |
|                                                                                                                         | m <sup>3</sup>                 | m <sup>3</sup>        |                              |                        | W        |
|                                                                                                                         | m <sup>3</sup>                 | m <sup>3</sup>        |                              |                        | W        |
| Gas                                                                                                                     | 10 <sup>3</sup> m <sup>3</sup> |                       |                              |                        |          |
| Release rate:                                                                                                           | Duration of release:           |                       |                              |                        |          |
| * If the released substance is "Emulsion" the crude oil, produced water, and gas must all be reported separately above. |                                |                       |                              |                        |          |
| * Refer to ST107 for the list of AER approved oilfield waste management (WM) facilities.                                |                                |                       |                              |                        |          |

| Waste Recovery Volume Details                                                                                                                                                            |                  |                              |                        |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------|------------------------|----------|
| Waste substance                                                                                                                                                                          | Volume recovered | Shipped to (waste receiver)* | Licence/ approval no.* | Location |
| Excavated soil/solids removed                                                                                                                                                            | m3               |                              |                        | W        |
|                                                                                                                                                                                          | m3               |                              |                        | W        |
| Contaminated surface water and/or snow removed                                                                                                                                           | m3               |                              |                        | W        |
|                                                                                                                                                                                          | m3               |                              |                        | W        |
| Washwater and/or freshwater used                                                                                                                                                         | m3               |                              |                        | W        |
|                                                                                                                                                                                          | m3               |                              |                        | W        |
| Vegetation/crop bagged and/or removed                                                                                                                                                    | m3               |                              |                        | W        |
|                                                                                                                                                                                          | m3               |                              |                        | W        |
| * Refer to ST107 for the list of AER approved oilfield waste management (WM) facilities.                                                                                                 |                  |                              |                        |          |
| Contaminated soils storage: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On site <input type="checkbox"/> Off site – If off site, enter location: W |                  |                              |                        |          |
| On-site waste treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Waste Treatment Description:                                                                           |                  |                              |                        |          |

# Emergency Response Plan Corporate

**FORM - REG 2****Release Containment Details**

☐ within well/facility lease boundary --- Contained to working surface of lease boundary: ☐ Yes ☐ No  
☐ Outside well/facility lease boundary  
Release contained by berm: ☐ Yes ☐ No Release contained by liner: ☐ Yes ☐ No Liner Type (Directive 055):  
Release onto land/soil: ☐ Yes ☐ No Surface soil type: Subsurface soil type:

**Release Site Details**

Land jurisdiction type: Environment affected: Area affected: m<sup>2</sup>  
☐ Within public lands disposition boundary ☐ Outside public lands disposition boundary – TFA number:  
Distance to closest water body: m Distance to nearest town: km Name of nearest town:  
Distance to closest water well: m Distance to nearest permanent dwelling: km

**Release Impacts Details**

Incident/release H<sub>2</sub>S concentration: Unit of measurement: ☐ % ☐ ppm ☐ mol/kmol  
Wildlife/livestock affected: Equipment loss:  
Emergency response plan (ERP) activated: ☐ Yes ☐ No  
☐ Public affected ☐ Public evacuation Number evacuated:  
☐ Landowner notified\* ☐ Leaseholder notified\*  
☐ WH&S notified\* Number of injuries: Number of fatalities:

\* Provide details in additional Notifications box.

**Pipeline Details (fill in for AER licensed –pipeline incident)**

Pipeline is not to be returned to service without permission from the AER. See [www.aer.ca](http://www.aer.ca) for definitions for incident type and cause.

Incident type: Incident cause:  
Licence number: Line number: Installation number (if applicable):  
Start location: W End location: W ABSA registration number (if applicable):  
Associated facility location: W Associated facility licence number:  
☐ Test failure ☐ Retest segment ☐ Pipeline repair pretested ☐ Cathodic protection  
Type of external coating: ☐ Corrosion mitigation/monitoring program:  
Normal operating pressure: kPa Maximum operating pressure: kPa  
Date line shut in: Pipeline returned to service: ☐ No ☐ Yes Date:

**Clean-up/Remediation Details**

All releases must be remediated or managed in a manner satisfactory to the AER.

Clean-up status: Final cleanup/remediation completion date:  
☐ In-situ remediation implemented  
Remediation guidelines used (choose all applicable):  
☐ Tier 1 ☐ Tier 2 ☐ SST ☐ SCARG ☐ CCME ☐ Exposure control  
Method of subsurface delineation: Confirmatory samples taken: ☐ Number of samples:  
Remediation certificate applied for: ☐ Yes ☐ No  
Environmental contractor: Phone number:



| Additional Incident Notification Details |                                 |              | FORM - REG 2 |
|------------------------------------------|---------------------------------|--------------|--------------|
| Name of agency/landowner                 | Person notified / reference no. | Phone number | Date         |
|                                          |                                 |              |              |
|                                          |                                 |              |              |
|                                          |                                 |              |              |
|                                          |                                 |              |              |
|                                          |                                 |              |              |
|                                          |                                 |              |              |

| Incident Details                                                                                       |
|--------------------------------------------------------------------------------------------------------|
| <b>Submit photos of the incident and cleanup/remediation to the AER. Fill in all text boxes below:</b> |
| Detailed description of circumstances leading up to the release:                                       |
| How release was identified:                                                                            |
| Steps/procedures taken to minimize, control or stop release:                                           |
| Steps taken to contain release:                                                                        |
| If release was on lease steps taken to ensure no migration off lease (including subsurface migration): |
| Description of how release volume(s) was determined and verified (include any calculations used):      |
| How the affected area was determined (include any calculations used):                                  |
| Description of environmental impact:                                                                   |
| Clean-up operation details:                                                                            |
| Remediation operation details:                                                                         |
| Release cause:                                                                                         |
| Description of root cause:                                                                             |
| Steps/procedures taken to prevent similar future releases:                                             |
| Additional comment:                                                                                    |

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**FORM A:  
MINOR INCIDENT  
NOTIFICATION  
FORM**

**FORM – REG 3**

Address: 6534 100<sup>th</sup> Avenue,  
Fort St. John, B.C. V1J 8C5  
Phone: (250) 794-5200  
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 BCER within **24** hours through the BCER's [Online Minor Incident Reporting System](#), operated through KERMIT.

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

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FORM – REG 3

**NOTIFICATION**

**M**

**What government agencies has the permit holder notified:**

|                                                         |                                                                            |                                                                      |
|---------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> EMCR                           | <input type="checkbox"/> Ministry of Environment & Climate Change Strategy | <input type="checkbox"/> Ministry of Transportation & 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? ☐ 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 (specific):

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

**PERMIT HOLDER POST INCIDENT REPORT**

**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 BCER [EMP@bc-er.ca](mailto:EMP@bc-er.ca). 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 BCER’s website.*

Permit Holder Post Incident Report Required: ☐ Yes ☐ No

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**FORM C:  
EMERGENCY INCIDENT FORM**

BC Energy Regulator  
Address: 6534 100<sup>th</sup> Avenue,  
Fort St. John, B.C. V1J 8C5  
Phone: (250) 794-5200  
emp@bc-er.ca

**FORM – REG 4**

**This is an internal BCER document provided to Industry for reference purposes only.**

This document outlines the information that will be requested by the BCER emergency management staff following any Level 1, 2 or 3 incident, as defined in the [Emergency Management Matrix](#) available on the BCER's website.



**FORM C:  
EMERGENCY INCIDENT FORM**

British Columbia Energy Regulator  
Address: 6534 100<sup>th</sup> Avenue,  
Fort St. John, B.C. V1J 8C5  
Phone: (250) 794-5200  
emp@bc-er.ca

**FORM – REG 4**

This form is to be used for emergencies which meet BCER Level 1, 2 or 3 Classification.

**The emergency must be reported to the BCER within 1 hour of the incident.**

BC Energy Regulator 24 hour Emergency Number:

250-794-5200

EMCR 24 hour Emergency Number:

1-800-663-3456

**MISCELLANEOUS INFORMATION**

|                             |                                                                                             |                |
|-----------------------------|---------------------------------------------------------------------------------------------|----------------|
| DGIR #:                     | Ledger Number:                                                                              | Kermit Number: |
| Incident Date (YYYY-MM-DD): | Incident Time (24 hour clock):<br><input type="checkbox"/> PST <input type="checkbox"/> MST |                |
| Received Date (YYYY-MM-DD): | Received Time (24 hour clock):<br><input type="checkbox"/> PST <input type="checkbox"/> MST |                |

**INFORMATION OF PERSON REPORTING INCIDENT TO BCER**

|                     |                     |
|---------------------|---------------------|
| Permit Holder Name: | Reported by (name): |
| Phone Number:       | Alternate Number:   |
| E-mail:             | Fax Number:         |

**INCIDENT DETAILS**



| <b>LEVEL OF EMERGENCY</b>                                                                                                                                                                                                                         |                                                                        | <b>FORM – REG 4</b>                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| Risk Score: (attach risk matrix) <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3<br><input type="checkbox"/> Informed company they must contact the BCER to downgrade or stand down the level. |                                                                        |                                                                                                                               |
| <b>SITE TYPE (Select one only)</b>                                                                                                                                                                                                                |                                                                        |                                                                                                                               |
| <input type="checkbox"/> Well (Active)                                                                                                                                                                                                            | <input type="checkbox"/> Well (Abandoned / Suspended)                  | <input type="checkbox"/> Remote Sump                                                                                          |
| <input type="checkbox"/> Well (Drilling & Completions): Rig Name:                                                                                                                                                                                 |                                                                        |                                                                                                                               |
| <input type="checkbox"/> Battery / Plant / Facility                                                                                                                                                                                               | <input type="checkbox"/> Tank Farm / Storage                           | <input type="checkbox"/> Pipeline                                                                                             |
| <input type="checkbox"/> Riser (Pipeline)                                                                                                                                                                                                         |                                                                        |                                                                                                                               |
| <input type="checkbox"/> Road or Road Structure Name:                                                                                                                                                                                             |                                                                        | Location on road:                                                                                                             |
| <input type="checkbox"/> Other -Specify:                                                                                                                                                                                                          |                                                                        |                                                                                                                               |
| <b>INCIDENT TYPE (check all that apply)</b>                                                                                                                                                                                                       |                                                                        |                                                                                                                               |
| <input type="checkbox"/> Spill (releases and discharges)                                                                                                                                                                                          | <input type="checkbox"/> Fire / Explosion                              | <input type="checkbox"/> Drilling Kick                                                                                        |
| <input type="checkbox"/> Worker Injury                                                                                                                                                                                                            | <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 (check all that apply)</b>                                                                                                                                                                                                            |                                                                        |                                                                                                                               |
| <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 (check all that apply)(If none, leave blank)</b>                                                                                                                                                                        |                                                                        |                                                                                                                               |
| <input type="checkbox"/> Worker Safety (fatality, 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>AREA INFORMATION</b>                                                                                                                                                                                                                           |                                                                        |                                                                                                                               |
| Land Type: <input type="checkbox"/> Private Land <input type="checkbox"/> Crown Land                                                                                                                                                              |                                                                        | Field Name:                                                                                                                   |
| Area Type: <input type="checkbox"/> Forest <input type="checkbox"/> Muskeg <input type="checkbox"/> Farmland <input type="checkbox"/> Residential <input type="checkbox"/> Other                                                                  |                                                                        |                                                                                                                               |

Updated: 28-Nov-2023  
Effective: 28-Nov-2023

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# Emergency Response Plan

## Corporate



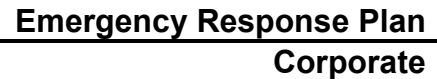
|                                                                                                                                                                                              |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------|-----------------------------|-----------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 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 / Open Camp:                                                                                                                                                             |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| <b>CAUSE (check all that apply)</b>                                                                                                                                                          |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| <input type="checkbox"/> Third Party                                                                                                                                                         |  | <input type="checkbox"/> Manufacturing Defect           |                             | <input type="checkbox"/> Corrosion (internal, external)                     |                                   |                                                                |                                                                                   |
| <input type="checkbox"/> Employee (negligence, procedural, behavioral)                                                                                                                       |  | <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 <b>remedial actions</b> in more detail:                                                                                                                               |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
|                                                                                                                                                                                              |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| <b>WEATHER</b>                                                                                                                                                                               |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| Weather Conditions:                                                                                                                                                                          |  | <input type="checkbox"/> clear                          |                             | <input type="checkbox"/> cloudy                                             |                                   | <input type="checkbox"/> other                                 |                                                                                   |
| 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                                                                                                                                                                              |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| <b>Comments:</b>                                                                                                                                                                             |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
|                                                                                                                                                                                              |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| <b>PUBLIC INJURIES / MEDICAL EMERGENCIES</b>                                                                                                                                                 |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |
| <input type="checkbox"/> First Aid                                                                                                                                                           |  | <input type="checkbox"/> Hospitalization                |                             |                                                                             | <input type="checkbox"/> Fatality |                                                                |                                                                                   |
| Other:                                                                                                                                                                                       |  |                                                         |                             |                                                                             |                                   |                                                                |                                                                                   |

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| <b>NOTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                             | <b>FORM – REG 4</b>                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| What government agencies has the permit holder notified?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                      |
| <input type="checkbox"/> EMCR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Ministry of Environment & Climate Change Strategy  | <input type="checkbox"/> Ministry of Transportation & 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:                                     |                                                                      |
| Permit Holder Instructed to call:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                      |
| <b>MATERIAL INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                      |
| Is spill off lease? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                                                                      |
| Spill Material Type: <input type="checkbox"/> Corrosive Acid <input type="checkbox"/> Emulsion (oil, gas, water)<br><input type="checkbox"/> Fresh Water <input type="checkbox"/> Liquid Hydrogen (crude, oil, diesel, fuel) <input type="checkbox"/> Methanol<br><input type="checkbox"/> Non-Toxic Gases (Nitrogen, Carbon Dioxide, Inert Gases) <input type="checkbox"/> Non-Toxic Liquids <input type="checkbox"/> Salt Water<br><input type="checkbox"/> Sour Natural Gas <input type="checkbox"/> Sour Liquid (H <sub>2</sub> S) <input type="checkbox"/> Sweet Natural Gas <input type="checkbox"/> Toxic Gas <input type="checkbox"/> Toxic Liquid<br><input type="checkbox"/> Other |                                                                             |                                                                      |
| <b>GAS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                             |                                                                      |
| Does Material contain any H <sub>2</sub> S? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                             |                                                                      |
| If Yes, how much? <span style="float: right;">ppm</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                      |
| Gas Rate: _____ 10 <sup>3</sup> m <sup>3</sup> /d or mmcf/d                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Gas Volume: _____ 10 <sup>3</sup> m <sup>3</sup> or mmcf/d                  |                                                                      |
| Can you hear/smell gas? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Propane/NGLs/LPSs? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                      |
| <b>LIQUID</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                             |                                                                      |
| Does Material contain any H <sub>2</sub> S (Oil, water, condensate)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                             |                                                                      |
| If Yes, how much? <span style="float: right;">ppm</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                             |                                                                      |
| Liquid Rate: _____ m <sup>3</sup> /d or BPD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Liquid Volume: _____ m <sup>3</sup> or bbls or litres                       |                                                                      |
| Other (Describe):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             |                                                                      |
| 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: <span style="float: right;">(mmm dd, yyyy)</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             |                                                                      |
| Estimated Cost of clean-up: \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             |                                                                      |

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|                                                                                       |           |                                                                                                            |                     |
|---------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------------------------|---------------------|
| OTHER LOCATION                                                                        |           | FORM – REG 4                                                                                               |                     |
| (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.)                          |           |                                                                                                            |                     |
| Location Type:                                                                        |           | Location Description:                                                                                      |                     |
| Location of asset:                                                                    |           | NTS _____ - _____ - _____ / _____ - _____ - _____ or<br><br>DLS _____, SEC _____, TWP _____, RGE _____ W6M |                     |
| UTM (NAD 83):                                                                         |           | m easting                                                                                                  | m northing REQUIRED |
| GPS:                                                                                  | Latitude: | Longitude:                                                                                                 |                     |

**FORM – REG 5**

|                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p><b>BRITISH COLUMBIA ENERGY REGULATOR</b></p> <p>DGIR# (if known):<br/>BCER Incident #:</p> | <p align="center"><b>FORM D:<br/>PERMIT HOLDER POST INCIDENT REPORT</b></p> <p><i>Must be submitted by the permit holder within 60 days for:</i></p> <ol style="list-style-type: none"> <li>1. Level 1, 2 or 3 emergency incident*; <b>and</b></li> <li>2. <b>Any</b> pipeline incident.</li> </ol> <p><i>*Note: in addition to the above a permit holder may be required to complete and submit a "Form D" when requested by a representative of the BCER.</i></p> <p align="center"><b>This report and accompanying documentation must be emailed electronically to <a href="mailto:EMP@bc-er.ca">EMP@bc-er.ca</a></b></p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                |                      |                       |                                                                                                                    |                      |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------|
| <b>PART A – PERMIT HOLDER</b>                                                                                                                                                                                  |                      |                       |                                                                                                                    |                      |                       |
| Permit Holder Name                                                                                                                                                                                             |                      |                       |                                                                                                                    |                      |                       |
| Contractor(s) Name(s)                                                                                                                                                                                          |                      |                       |                                                                                                                    |                      |                       |
| <b>PART B – DATE, TIME AND OIL AND GAS ACTIVITY IDENTIFICATION OF INCIDENT</b>                                                                                                                                 |                      |                       |                                                                                                                    |                      |                       |
| Incident Date: (YYYY/MM/DD)                                                                                                                                                                                    |                      |                       | Incident Time: (24-hr system & time zone)                                                                          |                      |                       |
| Well Authorization, Facility Id., Pipeline Project # and Segment #, Road # and Segment #, Other (Describe)                                                                                                     |                      |                       |                                                                                                                    |                      |                       |
| <b>PART C – SPILLS AND RELEASES</b> (Check all that apply)                                                                                                                                                     |                      |                       |                                                                                                                    |                      |                       |
| Type of Product                                                                                                                                                                                                | Volume Released (m³) | Volume Recovered (m³) | Type of Product                                                                                                    | Volume Released (m³) | Volume Recovered (m³) |
| <input type="checkbox"/> Natural Gas (sweet)                                                                                                                                                                   |                      |                       | <input type="checkbox"/> Produced Water                                                                            |                      |                       |
| <input type="checkbox"/> Natural Gas (sour)                                                                                                                                                                    |                      |                       | <input type="checkbox"/> Fresh Water                                                                               |                      |                       |
| <input type="checkbox"/> Oil                                                                                                                                                                                   |                      |                       | <input type="checkbox"/> HVP fluids (ethane, propane, butane)                                                      |                      |                       |
| <input type="checkbox"/> Condensate                                                                                                                                                                            |                      |                       | <input type="checkbox"/> LVP fluids (pentane plus)                                                                 |                      |                       |
| <input type="checkbox"/> Emulsion                                                                                                                                                                              |                      |                       |                                                                                                                    |                      |                       |
| <input type="checkbox"/> Other (specify product and CAS# or attach SDS)                                                                                                                                        |                      |                       |                                                                                                                    |                      |                       |
| <input type="checkbox"/> Other (specify product and CAS# or attach SDS)                                                                                                                                        |                      |                       |                                                                                                                    |                      |                       |
| <input type="checkbox"/> Other (specify product and CAS# or attach SDS)                                                                                                                                        |                      |                       |                                                                                                                    |                      |                       |
| Was there a fire? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                     |                      |                       | Was there an explosion? <input type="checkbox"/> Yes <input type="checkbox"/> No                                   |                      |                       |
| Was anyone directly exposed to the spill product? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                     |                      |                       | Was medical treatment required? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, complete Part D) |                      |                       |
| For any spills where clean-up can not be completed within 30 days, an initial report / clean-up plan must be submitted within 30 days, with updates every 30 days following until clean-up has been completed. |                      |                       |                                                                                                                    |                      |                       |
| Has the spill cleanup been completed? <input type="checkbox"/> Yes (attach relevant reports) <input type="checkbox"/> No (Interim Report or initial clean-up plan attached)                                    |                      |                       |                                                                                                                    |                      |                       |

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PART D – INJURY OR FATALITY? ☐ Yes ☐ No

FORM – REG 5

If yes, describe:

**PART E NARRATIVE OF INCIDENT**

Provide a complete description of the incident, including conditions and events leading up to, and following, the incident. Attach any additional information that may supplement the narrative such as 1) drawing of the incident site; 2) photographs; 3) schematics; 4) maps; 5) reports (drilling, servicing, etc.). **Attach additional sheets of narrative as required.**

**PART F – INCIDENT RESPONSE**

Was the Emergency Response Plan Activated? ☐ Yes ☐ No

Was an Incident Action Plan Created? ☐ Yes ☐ No

Was an Incident Command System Organization Chart Developed? ☐ Yes ☐ No If Yes, attach a copy.

If the Emergency Response Plan was Activated, describe how the Emergency Response Plan was implemented and outline applicable steps taken to:

- Provide for the safety and health of all responders
- Protect public health and safety
- Protect the environment
- Protect government infrastructure
- Protect property

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**PART G COMPONENT FAILURE / MALFUNCTION****FORM – REG 5**

|                    |                 |                               |
|--------------------|-----------------|-------------------------------|
| Component:         | Manufacturer:   | Model # or Material and Grade |
| Manufactured Date: | Installed Date: | Last Certification Date:      |

Has a third party analysis of the equipment or pipe failure been completed? (Required for Level 2 and 3 Emergencies) ☐ Yes ☐ No  
If yes, report attached ☐ or report to be submitted at a later date ☐  
The analysis report must contain the following: (see guideline for requirements)

**PART H REPAIR DESCRIPTION** *Provide a description of all necessary repairs as a result of the incident and include the date of the return to service.*

**FORM – REG 5**

**PART I INCIDENT CAUSES** See the Emergency Management Manual, Appendix E: Post Incident Reports, for cause definitions. A full root cause analysis is required for all Level 2 and 3 Emergencies.

| IMMEDIATE CAUSE<br>(Check all that apply)         |                                                                     | BASIC CAUSE<br>(Check all that apply)                      |                                              |
|---------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Defect and deterioration |                                                                     | <input type="checkbox"/> Engineering and Planning          | <input type="checkbox"/> Maintenance         |
| <input type="checkbox"/> Corrosion and Cracking   | <input type="checkbox"/> Internal <input type="checkbox"/> External | <input type="checkbox"/> Procurement                       | <input type="checkbox"/> Tools and Equipment |
| <input type="checkbox"/> Equipment Failure        |                                                                     | <input type="checkbox"/> Standards and Procedures          | <input type="checkbox"/> Communication       |
| <input type="checkbox"/> Incorrect Operation      |                                                                     | <input type="checkbox"/> Supervision and Training          | <input type="checkbox"/> Human Factors       |
| <input type="checkbox"/> External Interference    |                                                                     | <input type="checkbox"/> Natural and Environmental Factors |                                              |
| <input type="checkbox"/> Employee / Contractor    | <input type="checkbox"/> Third Party                                |                                                            |                                              |
| <input type="checkbox"/> Natural Force Damage     |                                                                     | <input type="checkbox"/> Unknown Causes (specify)          |                                              |
| <input type="checkbox"/> Construction             |                                                                     | <input type="checkbox"/> Other Causes (specify)            |                                              |
| <input type="checkbox"/> Other Causes (specify)   |                                                                     |                                                            |                                              |

**Provide a justification for the causes selected and any additional details or explanation that will help the BCER understand the basic cause(s) of this incident.**

**Attachment(s)** ☐

**FORM – REG 5****PART J PREVENTIVE AND CORRECTIVE ACTIONS**

Outline the changes made and the steps taken and to be taken to prevent a similar incident. This will address the basic causes, as applicable. Identify a schedule for completion. Include any relevant information outlining why the preventive actions are appropriate. See the Emergency Management Manual, Appendix E: Post Incident Reports, for more information.

**PART K NAME OF PERSON CONDUCTING A COMPANY INCIDENT INVESTIGATION**

|                |         |
|----------------|---------|
| Name and Title | Address |
| Phone Number   | Email   |

**PART L NAME AND TITLE OF COMPANY REPRESENTATIVE FILING REPORT**

|                   |                     |       |
|-------------------|---------------------|-------|
| Name              | Title               |       |
| Signature         | Company             |       |
| Address           |                     |       |
| Date (YYYY/MM/DD) | Phone number (    ) | Email |

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**CANADA ENERGY REGULATOR (CER) SIGNIFICANT INCIDENT REPORTING**  
**FORM – REG 6**

“Significant Incidents” (as defined below) on any CER regulated pipeline or facility should be reported immediately (ASAP and no later than three hours of the incident being discovered) to the TSB’s Reporting Hotline as well as electronically in the CER’s Online Event Reporting System (OERS) at <https://apps.cer-rec.gc.ca/ERS/Home/Index/>). All other events not deemed “significant” must be reported within 24 hours of occurrence or discovery to the Online Reporting System.

**Significant Incidents**

**Incident** – As defined by Canada Energy Regulator Onshore Pipeline Regulations (amended June 19, 2016)

Section 1 - An occurrence that results in:

- (a) The death of or serious injury (the fracture of a major bone; the amputation of a body part; the loss of sight on one or both eyes; internal hemorrhage; third degree burns; unconsciousness; or the loss of a body part or function of a body part) to a person;
- (b) A significant adverse effect on the environment;
- (c) An unintended fire or explosion;
- (d) An unintended or uncontained release of LVP hydrocarbons in excess of 1.5 m<sup>3</sup>;
- (e) An unintended or uncontrolled release of gas or HVP hydrocarbons;
- (f) The operation of pipeline beyond its design limits as determined under CSA Z662 or CSA Z276 or any operating limits imposed by the Board.

Section 52 (1) – A company shall immediately notify the CER of any incident relating to the construction, operation or abandonment of its pipeline and shall submit a preliminary and detailed incident report to the CER as soon as practicable.

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**OIL & GAS WILDFIRE CONTROL AND PREVENTION QUICK REFERENCE GUIDE FORM – REG 7**

|                                                                                                                          |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>To Report a Wildfire call <span style="color: red;">310-FIRE</span> and have the following information available:</b> |                                                                                                                                                                                                          | <b>FLARING<br/>NOTIFICATION FIRE<br/>CENTRE CONTACT<br/>LIST</b><br><br><b>CALGARY</b><br>403-297-8800<br><br><b>EDSON</b><br>780-723-8506<br><br><b>FT. McMURRAY</b><br>780-743-7256<br><br><b>GRANDE PRAIRIE</b><br>780-538-5560<br><br><b>HIGH LEVEL</b><br>780-926-5400<br><br><b>LAC LA BICHE</b><br>780-623-5389<br><br><b>PEACE RIVER</b><br>780-624-6190<br><br><b>ROCKY</b><br>403-845-8266<br><br><b>SLAVE LAKE</b><br>780-849-7428<br><br><b>WHITCOURT</b><br>780-778-7237<br><br><b>PROVINCIAL<br/>FOREST FIRE<br/>CENTRE<br/>(EDMONTON)</b><br>780-427-6807 |
| <b>CALLER</b>                                                                                                            | Name: _____<br>Cellphone #: _____<br>Company: _____<br>Address: _____<br>In the Area because: _____                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>LOCATION OF<br/>FIRE</b>                                                                                              | LSD____ Section____ Township____ Range____ W____M<br><div align="center"><b>OR</b></div> Other description (GPS)<br>_____<br>_____<br>_____                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>ON SITE<br/>INFORMATION</b>                                                                                           | <b><u>Fire is burning within the:</u></b><br>Ground _____<br>Bush (forest) _____ timber type?<br>Agricultural land _____ stubble, windrows, etc?<br>Other _____                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                          | <b><u>Fire Rate of spread is:</u></b><br>Not moving _____<br>Moderate _____ less than a normal walk?<br>Fast _____ more than a normal walk?                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                          | Any people at the fire? Yes _____ No _____ Don't Know _____<br>Is property threatened? Yes _____ No _____ Don't Know _____<br>Is road access available? Yes _____ No _____ Don't Know _____<br>How _____ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                          | Is water readily available? Yes _____ No _____ Don't Know _____<br>Any other observations? _____<br>(Lightning, recreation, vehicles, children in area?)                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                          | <b><u>Colour:</u></b> Light grey _____ <b><u>Column:</u></b> Intermittent _____<br>Medium grey _____ Scattered _____<br>Dark grey _____ Light _____<br>Black _____ Heavy _____                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>SMOKE<br/>INFORMATION</b>                                                                                             |                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>REPORT WILDFIRES</b><br><b>Toll Free <span style="color: red;">310-FIRE</span> (3473)</b><br><b>FIRE BAN INFORMATION</b><br>1-866-FYI-FIRE (394-3473)<br><a href="http://www.albertafirebans.ca">www.albertafirebans.ca</a><br><b>FIRE HAZARD INFORMATION</b><br><a href="https://www.arcgis.com/apps/dashboards/3ffcc2d0ef3e4e0999b0cf8b636defa3">https://www.arcgis.com/apps/dashboards/3ffcc2d0ef3e4e0999b0cf8b636defa3</a> | <b>INSUSTRY USERS ARE REQUIRED TO CARRY FIRE<br/>FIGHTING EQUIPMENT WHILE TRAVELING IN THE<br/>FOREST PROTECTION AREA DURING THE FIRE<br/>SEASON (<span style="color: red;">MARCH 1 – OCTOBER 31</span>)</b><br><br><b>FOR MORE INFORMATION ON THE FOREST AND<br/>PRAIRIE PROTECTION ACT AND REGULATIONS<br/>CLICK ON THE FOLLOWING WEB LINK:</b><br><a href="https://open.alberta.ca/publications/2017_060">https://open.alberta.ca/publications/2017_060</a> |
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**HAND-OFF DOCUMENT FORM – MISC 1**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>Well / Pipeline / Facility / Event / Incident Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              |
| <b>Location:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              |
| <b>Regulatory Approval Number (Licence, Well Authorization, etc.):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |
| <b>Effective Date of Responsibilities Transfer:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                              |
| <p>➤ This form is to be used when Operational Activities, including responsibility for emergency response management are being transferred from one party to another.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                              |
| <p><b>When Harvest Is Taking Over Responsibility</b></p> <p>Harvest Operations Corp (or one of its affiliates) are preparing to perform work on the above referenced well / pipeline / facility. During these operations, Harvest Operations Corp will be accepting operational and emergency preparedness and response responsibilities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |
| <p>_____<br/><b>Signature of Harvest Operations Corp. Representative</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>_____<br/><b>Date</b></p> |
| <p>_____<br/><b>Signature of Contract Operating Company Representative</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>_____<br/><b>Date</b></p> |
| <p><b>When Harvest Is Handing Over Responsibility</b></p> <p>Harvest Operations Corp (or one of its affiliates) has finished work on the above referenced well / pipeline / facility. Upon acceptance of this form Harvest will turn operational and emergency preparedness and response responsibilities to _____ (Company Name).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |
| <p>_____<br/><b>Signature of Harvest Operations Corp. Representative</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>_____<br/><b>Date</b></p> |
| <p>_____<br/><b>Signature of Contract Operating Company Representative</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>_____<br/><b>Date</b></p> |
| <p><b>When An Emergency Response Position / Role Is Being Transferred From One Person To Another</b></p> <p>The position of _____ as identified within the ICS Organizational Chart for the above listed event / incident, will be transferred from _____ to _____ effective: <u>Month</u> / <u>Day</u> / <u>Year</u> / <u>Time</u> . All tasks identified for this position within Harvest's Corporate ERP; tasks previously assigned to this position for the identified event / incident by the positions direct ICS supervisor; and additional tasks as may be assigned by the positions direct ICS supervisor, will be assumed by the identified incoming representative.</p> <p><i>Note: When one or multiple personnel are being changed out within the ICS organization for an event / incident, as a result of an Operational Period change, the Organization Assignment List (ICS 203) should be completed and approved by the Incident Commander.</i></p> |                              |
| <p>_____<br/><b>Signature of Outgoing Representative</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>_____<br/><b>Date</b></p> |
| <p>_____<br/><b>Signature of Incoming Representative</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>_____<br/><b>Date</b></p> |
| <p>_____<br/><b>Signature of Incident Commander a/o Direct ICS Supervisor</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p>_____<br/><b>Date</b></p> |

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## **9.0      RESPONSE EQUIPMENT**

### **CONTENTS**

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## 9.1 ERP SAFETY EQUIPMENT

The safety equipment listed on the following pages is necessary for implementing the emergency response plan, protecting workers and response personnel and maximizing public safety. Harvest area's that maintain a Site Specific ERP will have equipment lists listed within that ERP that are more specific and provide details on quantity and location of equipment.

## 9.2 MINIMUM PERSONAL PROTECTIVE EQUIPMENT (PPE) REQUIREMENTS

The minimum PPE requirements for field based personnel working with Harvest field assets include:

- Flame-resistant Clothing
- Hard Hat
- Safety Glasses
- Safety Boots
- Safety Gloves
- Personal 4-way monitor (H<sub>2</sub>S, CO<sub>2</sub>, LEL, O<sub>2</sub>)

Note: Each operator field vehicle must be equipped with a First Aid Kit and a 20lb dry chemical fire extinguisher, as a minimum.

## 9.3 WILDFIRE KITS

*(Source: Forest and Prairie Protection Act – Forest and Prairie Protection (Ministerial) Regulation, Alberta Regulation 65/2017)*

### Vehicle Firefighting Equipment Requirements

Any person traveling by means of vehicle through a Forest Protection Area during fire season (March 1 – October 31) must be equipped with the following minimum equipment to be used for fire fighting activities:

- Shovel
- Axe
- Water receptacle of at least 5L capacity (i.e., Wayjax)

### Firefighting Equipment Requirements for Industrial or Commercial Operations

Any person carrying on or having charge of an industrial or commercial operation in or within one kilometre of any public land shall:

- a) Keep all equipment listed in the schedule below in working order at the site of the operation, and
- b) Keep a sufficient supply of water at the site available for immediate use for firefighting purposes.

**Schedule**

| REQUIRED EQUIPMENT FOR FIRE CONTROL | PERSONS EMPLOYED AT THE SITE OF OPERATIONS |   |   |   |   |        |         |            |            |                                                                                                                                                                                     |
|-------------------------------------|--------------------------------------------|---|---|---|---|--------|---------|------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | 1                                          | 2 | 3 | 4 | 5 | 6 - 10 | 11 - 20 | 21 - 30    | 31 - 40    | 41+                                                                                                                                                                                 |
| Shovels                             | 1                                          | 1 | 2 | 2 | 3 | 5      | 10      | 15         | 20         | Where the number of persons employed at a site exceeds 40, the minimum equipment is the amount listed for 31 – 40 persons plus any increase in equipment determined by the Minister |
| Back pack with pump                 | 1                                          | 1 | 1 | 2 | 3 | 5      | 10      | 15         | 20         |                                                                                                                                                                                     |
| Axe or Pulaski                      | 1                                          | 1 | 1 | 1 | 2 | 5      | 10      | 15         | 20         |                                                                                                                                                                                     |
| Fire pump                           | 0                                          | 0 | 0 | 0 | 0 | 0      | 0       | 1          | 1          |                                                                                                                                                                                     |
| Fire hose (metres)                  | 0                                          | 0 | 0 | 0 | 0 | 0      | 0       | 450 metres | 450 metres |                                                                                                                                                                                     |
| Power saw                           | 0                                          | 0 | 0 | 0 | 0 | 0      | 0       | 1          | 1          |                                                                                                                                                                                     |

## **9.4 ROADBLOCK KITS**

Each roadblock kit should be equipped with the following items as a minimum:

- Stop / Slow Sign
- 3 Pack of Reflective Triangles
- Reflective Vest
- Flashlight
- Batteries (with spares) for Flashlight
- Rotating Beacon Light with magnetic base
- Roll of Nylon Flagging Tape
- Road Barrier's (Barricade's)
- Traffic Wand / Baton
- Pens / Pencils
- Roadblock Duty Sheet(s)
- Forms (see below for details on Forms)
- Clipboard
- Media Statement Wallet Card

### **Forms**

To be included as Roadblock kit contents and filled out / maintained by Roadblock personnel:

- ICS 214 – Activity Log
- ICS 214A – Individual Log / Time & Event
- PP 5 – Roadblock Checkpoint Record
- ENV 1 – Environmental Monitoring Record

**NOTE:** Each Roadblock person must have a detailed description of the location identified by the IMT as a roadblock location. Once at the location roadblock personnel should confirm they are at the required position by communicating land marks to the Public Protection Branch Director. If able, roadblock personnel should obtain an ERP map of the area showing emergency planning / response zones to help establish the roadblock location and assist with delivering public protection messaging. Early communication capability with the Incident Command Post, the Remote Command Post (if established) and the Staging Area (if established) must be established via radio, cellular telephone or other forms of communication identified as appropriate for the particular response.

**9.5 RESPONSE EQUIPMENT LIST**

| Response Equipment List                                    |                                                                                                       |                                                                                  |                            |                                                          |                            |                                                                                 |                            |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------|----------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------|----------------------------|
| Items                                                      | On-site<br>Command<br>Post<br>(OSCP)                                                                  | Harvest Field<br>Operations<br>Office /<br>Incident<br>Command<br>Post<br>(ICP)^ | Reception<br>Centre        | Rover(s)                                                 | Roadblocks                 | Environmental<br>Monitoring<br>Team(s)<br>[Mobile Air<br>Monitoring<br>Crew(s)] |                            |
| BREATHING APPARATUS                                        |                                                                                                       |                                                                                  |                            |                                                          |                            |                                                                                 |                            |
| Self-contained breathing apparatus (SCBA)                  | ✓                                                                                                     | See Note 1                                                                       | ---                        | As required based on incident type and hazard assessment |                            |                                                                                 |                            |
| COMMUNICATION                                              |                                                                                                       |                                                                                  |                            |                                                          |                            |                                                                                 |                            |
| Cellular Telephone(s)                                      | As deemed appropriate for the particular emergency response and designated in the communications plan | ✓                                                                                | ✓                          | ✓                                                        | ✓                          | ✓                                                                               | ✓                          |
| Base Radio Station                                         |                                                                                                       | As available and required*                                                       | As available and required* | ---                                                      | ---                        | ---                                                                             | ---                        |
| Two-way Radio(s) – Handheld or truck mounted               |                                                                                                       | ✓                                                                                | ✓                          | ✓                                                        | ✓                          | ✓                                                                               | ✓                          |
| Satellite Phone(s)                                         |                                                                                                       | As available and required*                                                       | As available and required* | ---                                                      | ---                        | ---                                                                             | ---                        |
| Land line Telephone(s)                                     |                                                                                                       | As available and required*                                                       | ✓                          | As available and required*                               | ---                        | ---                                                                             | ---                        |
| Data (email / internet)                                    |                                                                                                       | As available and required*                                                       | ✓                          | As available and required*                               | As available and required* | As available and required*                                                      | As available and required* |
| Cell phone & Satellite phone charging cable                | As required                                                                                           | As required                                                                      | As required                | As required                                              | As required                | As required                                                                     | As required                |
| Battery rechargers for portable two-way radios (if in use) | As required                                                                                           | As required                                                                      | As required                | As required                                              | As required                | As required                                                                     | As required                |
| Spare batteries for portable two-way radios (if in use)    | As required                                                                                           | As required                                                                      | As required                | As required                                              | As required                | As required                                                                     | As required                |
| EMERGENCY RESPONSE TOOLS                                   |                                                                                                       |                                                                                  |                            |                                                          |                            |                                                                                 |                            |
| Emergency response charts and guides                       | As required                                                                                           | ✓                                                                                | ---                        | ---                                                      | ---                        | ---                                                                             | ---                        |
| Corporate ERP & site specific ERP                          | ✓                                                                                                     | ✓                                                                                | ✓                          | As required                                              | As required                | As required                                                                     | As required                |
| Area map                                                   | ✓                                                                                                     | ✓                                                                                | ✓                          | ✓                                                        | ✓                          | ✓                                                                               | ✓                          |
| Responder Roles and Responsibilities                       | ✓                                                                                                     | ✓                                                                                | ✓                          | ✓                                                        | ✓                          | ✓                                                                               | ✓                          |

| Response Equipment List                                                                                                       |                                                                           |                                                                |                  |                                                                           |            |                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----------------------------------------------------------------|------------------|---------------------------------------------------------------------------|------------|------------------------------------------------------------------|
| Items                                                                                                                         | On-site Command Post (OSCP)                                               | Harvest Field Operations Office / Incident Command Post (ICP)^ | Reception Centre | Rover(s)                                                                  | Roadblocks | Environmental Monitoring Team(s) [Mobile Air Monitoring Crew(s)] |
| ENVIRONMENTAL MONITORING EQUIPMENT                                                                                            |                                                                           |                                                                |                  |                                                                           |            |                                                                  |
| Bellows-type handheld gas detector                                                                                            | As required based on incident type and limitations of electronic monitors | See Note 1                                                     | ---              | As required based on incident type and limitations of electronic monitors |            |                                                                  |
| Gas detector tubes (H <sub>2</sub> S, SO <sub>2</sub> , O <sub>2</sub> )                                                      |                                                                           | See Note 1                                                     | ---              |                                                                           |            |                                                                  |
| Personal Electronic 4-way gas monitors (H <sub>2</sub> S, LEL, O <sub>2</sub> , CO <sub>2</sub> )                             | ✓                                                                         | See Note 1                                                     | ---              | ✓                                                                         | ✓          | ✓                                                                |
| Personal monitor charging base station                                                                                        | ✓                                                                         | See Note 1                                                     | ---              | ---                                                                       | ---        | ---                                                              |
| Soil Sampling kit                                                                                                             | As required based on incident type                                        | See Note 1                                                     | ---              | ---                                                                       | ---        | As required based on incident type                               |
| Water Sampling kit                                                                                                            |                                                                           | See Note 1                                                     | ---              | ---                                                                       | ---        |                                                                  |
| FIRST AID EQUIPMENT                                                                                                           |                                                                           |                                                                |                  |                                                                           |            |                                                                  |
| First aid kits                                                                                                                | ✓                                                                         | ✓                                                              | ✓                | ✓                                                                         | ✓          | ✓                                                                |
| IGNITION EQUIPMENT (for operations with H <sub>2</sub> S or HVP products)                                                     |                                                                           |                                                                |                  |                                                                           |            |                                                                  |
| Flare Gun                                                                                                                     | ✓                                                                         | See Note 1                                                     | ---              | ---                                                                       | ---        | ---                                                              |
| Flares                                                                                                                        | ✓                                                                         |                                                                | ---              | ---                                                                       | ---        | ---                                                              |
| Rescue Harness                                                                                                                | ✓                                                                         |                                                                | ---              | ---                                                                       | ---        | ---                                                              |
| Ear Protection (ear muff or expendable)                                                                                       | ✓                                                                         |                                                                | ---              | ---                                                                       | ---        | ---                                                              |
| Flame-resistant balaclava or hard hat liner compatible with SCBA                                                              | ✓                                                                         |                                                                | ---              | ---                                                                       | ---        | ---                                                              |
| Ignition equipment would include breathing apparatus, monitors, communications and minimum PPE listed throughout this section | ✓                                                                         |                                                                | ---              | ---                                                                       | ---        | ---                                                              |
| ROADBLOCK EQUIPMENT                                                                                                           |                                                                           |                                                                |                  |                                                                           |            |                                                                  |
| See 9.4 Roadblock Kits for a list of inventories                                                                              | As required                                                               | ---                                                            | ---              | ---                                                                       | ✓          | ---                                                              |



| Response Equipment List                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                                                  |                     |          |            |                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|---------------------|----------|------------|---------------------------------------------------------------------------------|
| Items                                                                                                                                                                                                                                                                                                                                                                                                                                                  | On-site<br>Command<br>Post<br>(OSCP) | Harvest Field<br>Operations<br>Office /<br>Incident<br>Command<br>Post<br>(ICP)^ | Reception<br>Centre | Rover(s) | Roadblocks | Environmental<br>Monitoring<br>Team(s)<br>[Mobile Air<br>Monitoring<br>Crew(s)] |
| <b>SPILL EQUIPMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      |                                                                                  |                     |          |            |                                                                                 |
| See any applicable Site-Specific ERP(s) for a list of inventories                                                                                                                                                                                                                                                                                                                                                                                      | As required                          | ---                                                                              | ---                 | ---      | ---        | ---                                                                             |
| <b>TRANSPORTATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                  |                     |          |            |                                                                                 |
| 4x4 Truck                                                                                                                                                                                                                                                                                                                                                                                                                                              | ✓                                    | ✓                                                                                | ✓                   | ✓        | ✓          | ✓                                                                               |
| * As available and required means if the designated location is equipped with the listed equipment / service, or if listed equipment is required to execute response communications, the equipment will be considered in the communications plan for the response. Equipment that is not readily available at the listed locations but deemed required for the response will be sourced and supplied to the designated location or response personnel. |                                      |                                                                                  |                     |          |            |                                                                                 |
| ^ In situations where the designated Incident Command Post (ICP) is located outside of a Harvest Field Operations Office, required equipment may be transferred from the Field Operations Office, or sourced and supplied to the ICP for the specific response operations.                                                                                                                                                                             |                                      |                                                                                  |                     |          |            |                                                                                 |
| Note 1: equipment may be located at the Field Operations Office and supplied to the OSCP as required.                                                                                                                                                                                                                                                                                                                                                  |                                      |                                                                                  |                     |          |            |                                                                                 |

Other emergency response equipment and resources that may be required may be provided by:

- Environmental agencies and contractors. Harvest's environmental team will be able to assist with environmental contractors contacts
- Third party contract service providers and resource suppliers
- Regulatory agency or local authority
- Mutual aid groups

Contact names and numbers of the aforementioned groups can be found in the site specific/production ERP or in the area field office or main battery/plant. WCSS area contacts can be found in the production or site specific ERP or at the following web site. <http://www.wcss.ab.ca/>

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## APPENDIX 1 – GOVERNMENT AGENCIES

### ALBERTA

#### Procedures for Contacting Government Agencies

It is the responsibility of the Incident Commander to ensure that all required regulatory and government agencies are contacted and notified of an emergency situation; the responsibility of making the contacts may be given to the role of the Liaison Officer (see Section 4.3).

If the incident is declared an 'Alert' (Alberta only), the AER must be notified as soon as possible.

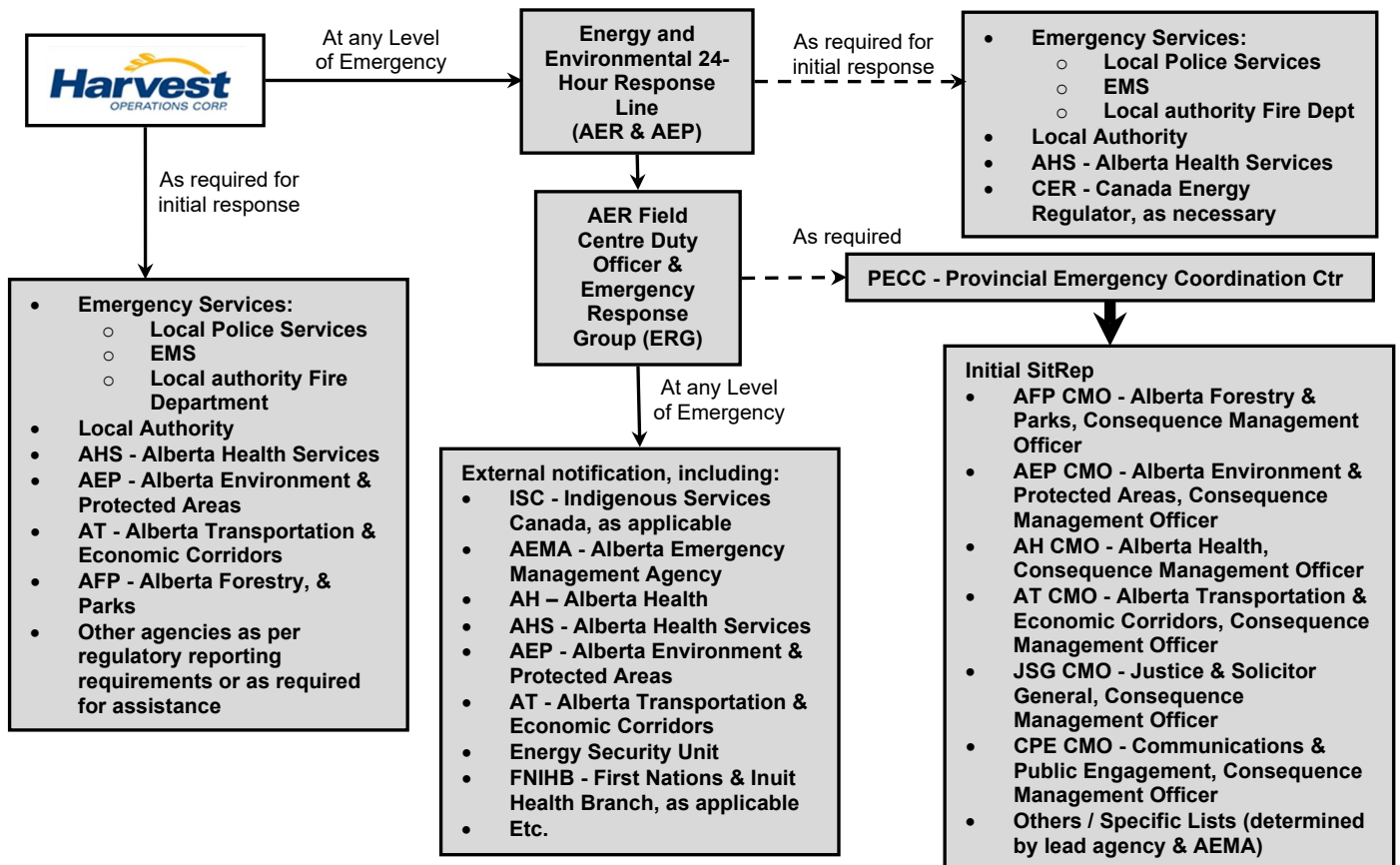
If the incident is declared a level 1, 2 or 3 incident (emergency), the regulatory agency and the local authority must be notified as soon as possible. In situations where any member of the public has been notified, provincial health services must be notified.

Refer to the 'Government Contact Matrices' for Alberta and British Columbia in Sections 2.13 and 2.14 to determine which other agencies may be required to be contacted.

Government agencies contribute valuable support to a company during an emergency by providing advice, resources and local information. In order to avoid conflicts over authority and response priorities, company representatives need to work as a team with involved government agencies. Emergency response should achieve an integrated approach that protects the responders, the public and the environment. The extent of government support depends on the severity of the emergency and jurisdiction.

The provincial notification matrices in Section 2.13 show the notification requirements for government agencies during an emergency. Telephone numbers of key government agencies are listed in the Site-Specific Supplemental Sections.

**Initial Notification Process flowchart (Table 2 of ERIES, 2015)**



**Government Agency Duties**

The following government agency duties are taken from the Energy Resources Industry Emergency Support Plan (ERIESP) - 2015; Annex A, Annex B and Annex C and modified to support current government agency naming and mandates.

**ACTIONS BEFORE AN EMERGENCY**

**Alberta Emergency Management Agency (AEMA)**

- Act as the provincial coordinating agency in energy resource industry emergency response as per the Emergency Management Act
- Maintain a 24/7 duty manager system
- Assist in the planning and coordination of exercises with the AER
- Maintain emergency response resources
- Act as Subject Matter Expert (SME)

**Alberta Environment and Protected Areas (AEP)**

- Maintain 24/7 contact numbers and duty officer where resources can be accessed for a response related to the ERIESP and to receive emergency calls related to environmental spills / releases / incidents (the AER emergency notifications)
- Maintain emergency response resources
- Act as Subject Matter Expert (SME)

**Alberta Energy Regulator (AER)**

- Confirm and act as lead Government of Alberta (GoA) organization in energy resources industry emergency preparedness and response
- Set requirements for planning for, and responding to, energy resources industry emergencies
- Participate in exercises of the ERIESP
- Review and recommend changes to the ERIESP
- Maintain a 24/7 telephone contact where energy resources industry emergencies can be reported
- Maintain 24/7 emergency contact numbers where resources can be accessed to carry out a response
- Make the ERIESP available to stakeholders
- Communicate changes to the ERIESP with stakeholders
- Maintain emergency response resources
- Act as Subject Matter Expert (SME)

**Alberta Forestry & Parks (AFP)**

- Maintain 24/7 contact numbers and duty officer where resources can be accessed for a response
- Maintain emergency response resources
- Act as Subject Matter Expert (SME) relating to forestry and parks
- Act as the liaison between forestry and parks and the GoA

**Alberta Health (AH)**

- Act as Subject Matter Expert (SME), through Alberta Health Services (AHS) on health effects for energy resources industry hazards
- Maintain a 24/7 e-mail contact for incident notifications

## **ACTIONS BEFORE AN EMERGENCY – Cont’d.**

### **Alberta Transportation & Economic Corridors (AT)**

- Maintain a 24/7 call centre (Alberta EDGE – Environmental & Dangerous Goods Emergencies) to receive emergency calls related to the transportation and handling of dangerous goods
- Act as Subject Matter Expert (SME) for dangerous goods incidents

### **Justice and Solicitor General (JSG)**

(Provides intelligence and threat risk assessment in relation to human induced intentional threats/hazards in relation to critical infrastructure and key assets)

- Maintain a list of Critical Infrastructure (CI) and key assets in the Province of Alberta
- Maintain and regularly test the Emergency Notification System
- Maintain an awareness of threats, vulnerabilities and risks related to human induced intentional threats

### **Communications and Public Engagement (CPE)**

- Maintain a team of trained communications / public affairs personnel
- Activate crisis communications plan and crisis communications response

## **ACTIONS DURING AN EMERGENCY**

### **Alberta Emergency Management Agency (AEMA)**

- Confirm AER has been notified
- Conduct notifications in accordance with Initial Notification Process flowchart (Table 2 of ERIES, 2015), Page APX1-1 above
- Obtain a Situation Report (SITREP) from the AER, AEP, Local Authority, etc.
- Confirm the level of emergency
- Elevate the PECC as required
- Notify the appropriate provincial officials as per Standard Operating Procedures (SOP)
- Release consolidated SITREPs
- Coordinate the GoA response including requests for provincial/federal resources
- Provide on-going SITREPs or briefing notes to appropriate provincial officials in accordance with the AEP or as requested
- Notify partners and stakeholders when the emergency is over

### **Alberta Environment and Protected Areas (AEP)**

- Ensure that non-energy resources industry environmental impacts are mitigated
- Provide expertise to mitigate the impacts of non-energy resources industry liquid releases on land and into water courses
- Provide technical assistance related to emergency drinking water supply engineering
- Notify Fish and Wildlife staff in the area of the emergency

**ACTIONS DURING AN EMERGENCY – Cont'd.**

**Alberta Forestry & Parks (AFP)**

- Notify forestry staff in the area of the emergency
- Notify duty holder if energy resources industry infrastructure is threatened by wildfire
- Can fight wildfires started as a result of the energy resources industry product release
- Act as SME relating to forest and parks impacts
- Act as the liaison between parks and the GoA during resource industry emergencies
- Provide information relating to forests and parks to the GoA during resource industry emergencies

**Alberta Energy Regulator (AER)**

- Receive notification of energy resources industry emergencies
- Determine the emergency level of an emergency through consultation with the duty holder
- Dispatch AER representatives to site of emergency or established EOCs, as required
- Confirm that local resources have been notified as appropriate
- Monitor discharges and ensure appropriate mitigation and response actions are taken to reduce the impact of liquid releases for land based spills and to ensure watercourses are protected
- Confirm, plan and/or implement public safety actions taken to ensure the safety of the public and the environment including issuing Fire Hazard Orders or requesting NOTAMS
- As lead agency, provide coordination for departments/agencies and duty holder on site
- Request a local authority liaison officer to be present at the Regional Emergency Operations Centre (REOC) if necessary
- Activate the ERIESP
- Advise the AEMA to escalate the PECC activation (if required)
- Identify and request initial provincial resources to support the emergency response, to be coordinated at the regional level if necessary through a local or regional EOC
- Initiate consolidated SITREPs through AEMA
- Provide SITREPs to AEMA, if requested
- Send an AER representative to the emergency location and/or the Incident Command Post
- Establish an EOC at the local AER Field Centre until the duty holder or local authority establishes a regional EOC. AER Emergency Coordination Centre (ECC) will be expanded if a regional EOC is not established
- Dispatch an AER representative to the regional EOC, when it opens
- Request the deployment of other provincial GoA department/agency representatives to be present at the Regional EOC, or the local AER Field Centre ECC
- Provide timely situation reports, through AEMA, to other GoA departments/agencies activated by this plan
- Notify all participants when the emergency has concluded and there is no longer any hazard to the public

**ACTIONS DURING AN EMERGENCY – Cont'd.**

**Alberta Health (AH)**

- Verify that Alberta Health Services (AHS) and/or First Nations Inuit Health Branch (FNIHB) of Indigenous Services Canada (ISC) have been notified of the emergency. AH will assess the potential for and implications of human health issues and coordinate the provision of information and support to and from AHS
- Provide health and medical technical expertise as requested and as appropriate. Act as the Subject Matter Expert (SME) on health effects for petroleum industry hazards, providing technical expertise on potential health impacts to the public, linkages to health resources and provincial health system impacts.
- AH in collaboration with AHS will monitor and assess the impact to the health system and collaboration with AHS and other GoA ministries to communicate knowledge of the situation to stakeholders (federal and provincial)
- AH will provide scientific advice and recommendation on human health risk assessments when addressing site specific clean-up, sites specific de-commissioning and process impact assessments

**Justice and Solicitor General (JSG)**

- Provide intelligence and threat risk assessments when appropriate and requested in relation to Critical Infrastructure (CI) and key assets
- Communicate with owners and operators of CI and key assets, through normal communication channels, or if necessary through the Emergency Notification System maintained by Alberta Security and Strategic Intelligence Support Team (ASSIST)

**Communications and Public Engagement (CPE)**

- Confirm distribution of AER messaging
- Provide support as required

**ACTIONS AFTER AN EMERGENCY**

**Alberta Emergency Management Agency (AEMA)**

- Participate in Post Incident Assessments (PIA)
- Complete documentation or reporting in relation to the activation of the ERIESP and the emergency for all GoA wide PIAs

**Alberta Environment and Protected Areas (AEP)**

- Compile and maintain environment /emergency related records
- Monitor environmental recovery, when required

**Alberta Energy Regulator (AER)**

- Conduct PIA related to the response, as described in the ERIESP
- As part of the PIA, recommend any mitigation actions that may improve the coordination of the GoA response, as described in the ERIESP
- Establish processes to receive and address community concerns
- Review and update ERIESP, in consultation with AEMA
- Communicate any changes to the ERIESP to applicable stakeholders

**ACTIONS AFTER AN EMERGENCY – Cont'd.**

Alberta Forestry & Parks (AFP)

- Conduct forest and park impact assessment, if applicable

Alberta Health (AH)

- Provide a summary of the health impacts during the PIA process, if applicable

Justice and Solicitor General (JSG)

- Participate in all PIAs related to the ERIES, if applicable

Communications and Public Engagement (CPE)

- Participate in all PIAs related to the ERIES, if applicable

Tasks common to all Agencies

- Complete a Post Incident Assessments (PIA) based on the scope of involvement and the outcome
- Integrate the Post Incident Assessments (PIA) into internal response processes



**BRITISH COLUMBIA**Petroleum Regulatory Agency

British Columbia: BC Energy Regulator (BCER)

BCER's incident responsibilities begin as soon as awareness of a potential incident (which impacts BCER regulated assets) is realized. This notification may be:

- By EMCR or other crown agencies of incidents within BCER's jurisdiction.
- Permit holder of incidents within BCER's jurisdiction.

BCER duty staff and emergency management will, as the severity of an incident may determine:

- Establish communication with the permit holder.
- Confirm incident level with permit holder.
- Oversee the permit holder's response to an incident.
- Issues road closure orders, upon request from the permit holder
- Request NOTAM orders from NAV Canada, upon request from the permit holder
- May send a BCER representative to one or more of the permit holder's command posts.
- May establish a government emergency operations centre (EOC) at the BCER office.

Additionally, BCER emergency management operations may do any of the following as necessary:

- Confirm ignition decision with operator if time permits.
- Confirm / coordinate media releases issued by permit holder.
- Confirm downgrade of incident level.
- Issue orders to preserve an incident site for investigation.

The following agencies are involved in situations that have the potential to affect the health, safety and welfare of the public.

BC Emergency Management & Climate Readiness (EMCR)

British Columbia: Emergency Management & Climate Readiness (EMCR)

Responsibilities

- During any level of emergency, Emergency Management & Climate Readiness (EMCR) should be the first government agency to be called. All emergencies and spills are reported through EMCR at 1-800-663-3456. EMCR Acts as a 24 hour reporting line and initiates government fan-out to the BCER and/or Ministry of Environment & Climate Change Strategy (MOE) at any level of emergency. EMCR will contact other government agencies only if directly involved. It is Harvest's responsibility to call other government agencies as required.
- May alert all affected municipalities and other levels of government and industry where issues of public safety are of concern.
- Maintains the provincial government's comprehensive emergency management plan and related contingency plans.
- Coordinates provincial Government resources during an emergency.
- Assists Provincial government Ministries, local government, Crown corporations and agencies with their emergency planning.
- If required, will activate one or more Provincial Regional Emergency Operations Centre's (PREOC) and/or the Provincial Emergency Coordination Centre (PECC) to coordinate provincial response and recovery activities.
- During response activities, will determine if federal government support is required and will be the conduit for the province to obtain federal emergency assistance.

RCMP/Local Police

The RCMP/local police are involved with any incidents entailing traffic accidents, road closures, fatalities or criminal activity, e.g. bomb threats, looting.

Responsibilities

- Assists in evacuation if required.
- Assists in traffic control.
- Assists the coroner in the event of a fatality in which there is no criminal wrong-doing.
- Conducts investigation in situations of criminal activity.

*Note: RCMP must be notified in any case of a fatality.*

Local Authorities (Rural Municipality / Regional District)

The local authority will usually participate in any emergency that impacts or threatens land or residents outside the confines of company property.

In British Columbia, if regional districts have not been granted the powers of a municipality under the *Emergency Program Act*, then the Emergency Management & Climate Readiness (EMCR) is responsible for coordinating response activities.

Responsibilities

- Dispatch representative(s) to the BCER's Emergency Operations Centre (EOC), if established
- Provide support to ensure notification of endangered area residents
- Provide support to coordinate and deliver emergency social services to evacuated residents
- If necessary, declare a State of Local Emergency and issue an evacuation Alert, Order and Rescind
- Assist in a public information service (joint BCER, Industry, local government)
- Provide building re-entry procedures

Health Emergency Management BC – Northern Health Authority

Health Emergency Management BC (HEMBC) is a program under the Provincial Services Authority and provides the expertise, tools, education and support specifically for the BC health sector to effectively mitigate, prepare for, respond to and recover from the impacts of emergency events; ensuring the continuity of health services.

Roles and Responsibilities

- Act as a consultant utilizing provided information on toxic chemicals to the Emergency Operations Centre.
- Monitor health effects of the incident to ensure appropriate data is collected and investigate such health effects.
- Provide advice to the government on the existing or potential health effects of the incident.
- Establish and operate trauma teams for emergency health services.
- Provide health advice and safety levels for any health care or special care facility and for the more vulnerable residents.
- Monitor adverse effects / contamination of water systems.
- Enforce and regulate Public Health Regulations.

WorkSafeBC

Responsibilities

WorkSafe BC oversees the jurisdictional responsibilities of the Occupational Health and Safety Regulation as mandated by the Workers Compensation Act in British Columbia. The purpose of the OHS provisions are to:

- (1) Benefit all citizens of British Columbia by promoting occupational health and safety and protecting workers and other persons present at workplaces from work-related risks to their health and safety.
- (2) Without limiting subsection (1), the following are the specific purposes of the OHS provisions:
  - (a) to promote a culture of commitment on the part of employers and workers to a high standard of occupational health and safety;
  - (b) to prevent work-related accidents, injuries and illnesses;
  - (c) to encourage the education of employers, workers and others regarding occupational health and safety;
  - (d) to ensure an occupational environment that provides for the health and safety of workers and others;
  - (e) to ensure that employers, workers and others who are in a position to affect the occupational health and safety of workers share that responsibility to the extent of each party's authority and ability to do so;
  - (f) to foster cooperative and consultative relationships between employers, workers and others regarding occupational health and safety, and to promote worker participation in occupational health and safety programs and occupational health and safety processes;
  - (g) to minimize the social and economic costs of work-related accidents, injuries and illnesses, in order to enhance the quality of life for British Columbians and the competitiveness of British Columbia in the Canadian and world economies.

WorkSafe BC must be notified immediately in the event of a serious accident or death at the work site as to the time, place and nature of the serious accident or death. WorkSafe BC is also to be notified of other incidents that are reportable to the BCER / EMCR. Reporting guidelines are listed below and as outlined in the Workers Compensation Act, Occupational Health and Safety Regulation Part 2, Division 10 Employer Accident Reporting and Investigation.

**Workers Compensation Act**

**Occupational Health and Safety Regulation - Part 2**

**Employer Accident Reporting and Investigation - Division 10**

**Immediate notice of certain accidents**

- 68** (1) An employer must immediately notify the Board of the occurrence of any accident that:
- (a) resulted in serious injury to or the death of a worker,
  - (b) involved a major structural failure or collapse of a building, bridge, tower, crane, hoist, temporary construction support system or excavation,
  - (c) involved the major release of a hazardous substance,
  - (d) involved a fire or explosion that had a potential for causing serious injury to a worker, or
  - (e) was an incident required by regulation to be reported.
- (2) Except as otherwise directed by an officer of the Board or a peace officer, a person must not disturb the scene of an accident that is reportable under subsection (1) except so far as is necessary to:
- (a) attend to persons injured or killed,
  - (b) prevent further injuries or death, or

(c) protect property that is endangered as a result of the accident.

**Incidents that must be investigated**

**69** (1) An employer must conduct a preliminary investigation under section 71 and a full investigation under section 72 respecting any accident or other incident that:

- (a) is required to be reported by section 68,
- (b) resulted in injury to a worker requiring medical treatment,
- (c) did not involve injury to a worker, or involved only minor injury not requiring medical treatment, but had a potential for causing serious injury to a worker, or
- (d) was an incident required by regulation to be investigated.

(2) Subsection (1) does not apply in the case of a vehicle accident occurring on a public street or highway.

**BC Ministry of Environment & Climate Change Strategy**

- A Ministry representative (Environmental Emergency Response Officer - EERO) will provide regulatory oversight and monitor the situation to ensure that the Responsible Party (RP) is taking the appropriate actions.
- May provide a representative to the Off-Site Command Centre (OSCC) and the BCER Emergency Operations Centre (EOC) and/or the Provincial Emergency Operations Centre (PREOC) on a 24-hour basis. In a larger scale incident, based on risk, additional ministry resources such as IMTs (Incident Management Teams) may be deployed to establish unified command and monitor, augment, or take over the response if the Responsible Party fails to take appropriate action as deemed necessary by the EERO or Provincial Incident Commander.
- May assist the RP to ensure that other required agencies and affected stakeholders are contacted.
- Monitors all discharges to the land, atmosphere and all water bodies.
- May provide assistance with hazardous waste management.
- May conduct sampling for monitoring and enforcement purposes.

**BC Ministry of Agriculture & Food**

Provide advice regarding the effect of contaminants on livestock, plants, soil and the mitigation procedures.

**BC Ministry of Transportation & Infrastructure**

- Provides authorization and assistance for roadblocks on major provincial roads and assists in securing roadblock equipment. In British Columbia, highway closures are usually coordinated by the Ministry of Transportation & Infrastructure and the local RCMP/Police services. Note: The Alaska Highway north of Mile 83 (km133) to the Yukon Border and the Liard Highway are under the jurisdiction of and the responsibility of Public Services & Procurement Canada (federal).

**BC Ministry of Forests**

- Provide assessment of potential damage and offer advice for remedial control in areas relating to renewable resources.
- If a forest fire (designated as a provincial emergency only) is associated with the emergency, Forestry Personnel will fight forest fires within their jurisdiction.

**FEDERAL**Canada Energy Regulator (CER)

The CER's top priority in an emergency is to make sure that people are safe and secure and that their property and the environment are protected. Any time there is a serious incident; CER inspectors may attend the site to oversee a company's immediate response. The CER will require that all reasonable actions are taken to protect employees, the public and the environment. Further, the CER will verify that the regulated company conducts adequate and appropriate clean-up and remediation of any environmental effects caused by the incident.

As lead regulatory agency, the CER:

- Monitors, observes and assesses the overall effectiveness of the company's emergency response in terms of:
  - Emergency management
  - Safety
  - Security
  - Environment
  - Integrity of operations and facilities
  - Energy supply
- Investigates the event, either in cooperation with the Transportation Safety Board of Canada, under the Canada Labour Code or as per the National Energy Board Act or Canada Oil & Gas Operations (whichever is applicable)
- Inspects the pipeline or facility
- Examines the integrity of the pipeline or facility
- Requires that appropriate repair methods are being used
- Requires that appropriate environmental remediation of contaminated areas is conducted
- Coordinates stakeholder and Indigenous Community feedback regarding environmental clean-up and remediation
- Confirms that the company is following its Emergency Procedures Manual, commitments, plans, procedures and CER regulations and identifies non-compliances
- Initiates enforcement actions as required
- Approves the restart of the pipeline

Transport Canada

- Transport Canada plays a key role in preventing and responding to emergencies that disrupt the national or regional transportation systems or to incidents involving the transportation of dangerous goods.
- Transport Canada makes contingency plans for responding to all emergencies involving goods in transit that affect and/or require the support of any part of the national transportation system; the response is limited to providing regulatory oversight. Companies may be required to develop and maintain an Emergency Response Assistance Plan (ERAP) which serves to assist emergency responders by providing technical experts and specially trained emergency response personnel at the scene of an emergency.

Transportation Safety Board (TSB)

The mandate of the TSB is to advance transportation safety in the marine, pipeline, rail and air modes of transportation by:

- Conducting independent investigations, including public enquiries when necessary, into selected transportation occurrences in order to make findings as to their causes and contributing factors.
- Identifying safety deficiencies, as evidenced by transportation occurrences.
- Making recommendations designed to eliminate or reduce any such safety deficiencies.
- Reporting publicly on investigations and on the findings in relation thereto.

As part of its ongoing investigations, the TSB also reviews developments in transportation safety and identifies safety risks that it believes government and the transportation industry should address to reduce injury and loss.

To instill confidence in the public regarding the transportation accident investigation process, it is essential that an investigating agency be independent and free from any conflicts of interest when investigating accidents, identifying safety deficiencies, and making safety recommendations. As such, the TSB is an independent agency, separate from other government agencies and departments that reports to Parliament through the President of the King's Privy Council for Canada. Our independence enables us to be fully objective in making findings as to causes and contributing factors, and in making transportation safety recommendations.

In making its findings as to the causes and contributing factors of a transportation occurrence, it is not the function of the Board to assign fault or determine civil or criminal liability. However, the Board does not refrain from fully reporting on the causes and contributing factors merely because fault or liability might be inferred from the Board's findings. No finding of the Board should be construed as assigning fault or determining civil or criminal liability. Findings of the Board are not binding on the parties to any legal, disciplinary, or other proceedings.

NAV Canada

NAV Canada oversees air traffic through area control centres, air traffic control towers, flight service stations, maintenance centres, flight information centres and navigation aids across the country.

May issue a Notice to Airmen (NOTAM).

In Canada only Transport Canada have the authority to restrict or close airspace e.g. where a release of hazardous gas has occurred.

Environment & Climate Change Canada

Provides current and potential meteorological information.

Indigenous Services Canada (ISC)

Would only have a role in the event of an emergency on reserve and would help to supply emergency response. ISC has been working with the governments of BC and Alberta.

Emergency Management & Climate Readiness and Energy / Environmental Emergency Line in Alberta (AER & AEP) should be the first call in their respective provinces which will trigger call-down protocol which will include ISC.



## **APPENDIX 2 - GLOSSARY**

### **GLOSSARY**

**AER:**

AER is an acronym for the Alberta Energy Regulator. The AER is the lead regulatory agency for the upstream petroleum industry in Alberta.

**Alert (Alberta):**

An incident that can be handled on site by the Duty Holder through normal operating procedures and is deemed to be a very low risk to the public.

**BCER:**

BCER is an acronym for the British Columbia Energy Regulator. The BCER is the lead regulatory agency for the upstream petroleum industry in British Columbia.

**BLEVE - Boiling Liquid Expanding Vapour Explosion:**

An explosion caused by the rupture of a vessel containing a pressurised liquid which is above its boiling point.

**CANUTEC:**

Canadian Transport Emergency Centre operated by the Transportation of Dangerous Goods (TDG) Directorate of Transport Canada. The Directorate's overall mandate is to promote public safety in the transportation of dangerous goods by all modes. CANUTEC staff are scientists specializing in chemistry or a related field and trained in emergency response. They are experienced in interpreting technical information in order to provide pertinent and timely advice.

**Closure Order (British Columbia):**

A closure order, also known as a Fire Hazard (FH) Order, An order issued by the applicable government authorities (BCER, Local Authority) during an emergency to restrict public access to a specified area.

**Critical Incident Stress Debriefing (CISD):**

A process between trained counsellors and those who may be dealing with physical or psychological symptoms that are generally associated with trauma exposure.

**Critical Sour Well:**

A well with an H<sub>2</sub>S release rate greater than two cubic metres per second or wells with lower H<sub>2</sub>S release rates near an urban centre.

**EMCR:**

EMCR is an acronym for Emergency Management & Climate Readiness. EMCR protects and improves public safety in BC by providing advisories of active emergencies, disaster readiness and recovery, fire safety and death investigation.

**Emergency:**

An event or imminent event outside the scope of normal operations that requires prompt coordination of resources to protect people, the environment, and property.

## GLOSSARY – CONT'D.

**Emergency Planning Zone (EPZ):**

An EPZ is a geographic area around wells, pipelines, or facilities where the presence of hazardous substances requires specific emergency preparedness by the duty holder.

**Fire Hazard (FH) Order (Alberta):**

An order issued by the applicable government authorities (AER, Local Authority) during an emergency to restrict public access to a specified area.

**Hazard Planning Zone (HPZ) (British Columbia):**

Hazard planning distances are used to identify a geographical area (a hazard planning zone) within which persons, property, or the environment may be affected by an emergency and must be planned for to ensure immediate response actions are enacted.

**Hazard Response Zone (HRZ) (British Columbia):**

A geographic area within which an emergency has occurred or is about to occur and which has been identified, defined and designated to receive emergency response actions.

**High Vapour Pressure (HVP) Products:**

HVP products have a vapour pressure greater than 240 kPa at 38°C (34.8 PSIG at 100°F) and include ethane, propane, butane and pentanes plus, either as a mixture or as a single component. A leak from a vessel or pipe containing HVP products can result in a BLEVE.

**High Vapour Pressure (HVP) Pipeline:**

As defined by AER Directive 71, a pipeline system to convey hydrocarbons or hydrocarbon mixtures in a liquid or quasi-liquid state with a vapour pressure greater than 110 kilopascals absolute at 38°C using the Reid method (see ASTM D 323).

**Hydrogen Sulphide (H<sub>2</sub>S):**

A naturally occurring gas found in geological formations or formed by the natural decomposition of organic matter in the absence of oxygen. It is colourless, has a molecular weight heavier than air and is highly toxic. In small concentrations, it smells like rotten eggs and causes eye and throat irritation. Depending on the particular mix of gases, gas properties, and ambient conditions, a sour gas release may

- be heavier than air (dense), so it will tend to drop towards the ground with time,
- be lighter than air (buoyant), so it will tend to rise with time, or
- be about the same weight as air (neutrally buoyant), so it will tend to neither rise nor drop but will disperse with time.

**Incident:**

A situation that might be, or could lead to, a disruption, loss, emergency, or crisis.

**Incident Action Plan (IAP):**

A plan that contains objectives reflecting the overall incident strategy, specific tactical actions, and supporting information.



## **GLOSSARY – CONT'D.**

### **Incident Command System (ICS):**

A standardized incident management system used to coordinate preparedness and designed to enable effective, efficient incident management by integrating a combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure. Can be used to manage all events (emergency and non-emergency) of any size.

### **Initial Isolation Zone (IIZ) (Alberta):**

The area in close proximity to a continuous hazardous release where indoor sheltering may provide temporary protection due to the proximity of the release.

### **Level 1 Incident:**

The incident presents no danger outside the duty holder's property or threat to the public and has a minimal environmental impact. Duty-holder personnel can manage the incident themselves with immediate control of the hazard. There is little or no media interest.

### **Level 2 Incident:**

The incident presents no immediate danger outside the duty holder's property but could potentially extend beyond the duty holder's property. Outside agencies must be notified. Imminent control of the hazard is probable, but there is a moderate threat to the public or the environment or both. There may be local and regional media interest in the event.

### **Level 3 Incident:**

The safety of the public is in jeopardy from a major uncontrolled hazard. There are likely significant and ongoing environmental impacts. Immediate multiagency municipal and provincial government involvement is required.

### **Liquefied Petroleum Gas (LPG):**

A mixture of heavier hydrocarbon gases that may include propane, propylene, butanes, butylenes and pentane+ liquids.

### **Local Authority:**

Means

- The council of a city, town, village, summer village, municipal district or specialized municipality;
- The Minister responsible for the Municipal Government Act of an Improvement District;
- The Minister responsible for the Special Areas Act of a Special Area;
- The settlement council of a Metis Settlement;
- Park Superintendent of a National Park
- The Band Council of a First Nations Reserve.

### **Lower Explosive Limit (LEL):**

The lowest concentration of a gas or vapour (percent by volume in air) that explodes if an ignition source is present at ambient temperatures.

## GLOSSARY – CONT'D.

**Major (Full Scale) Exercise:**

An exercise involving duty holders and emergency response agencies involving the deployment of response resources to test the duty holder's ERP. The exercise intends to provide a realistic simulation of incident response.

**Mobile Air Quality Monitoring Unit:**

Portable equipment to measure hazardous substances (e.g., H<sub>2</sub>S or SO<sub>2</sub>) at very low atmospheric concentrations of parts per billion (ppb).

**Mutual Aid Understanding:**

An understanding between two or more public or private parties (e.g., oil and gas companies, service companies, and local authorities) that defines each party's commitment to providing aid and support during an incident.

**Natural Gas Liquid (NGL):**

NGLs are hydrocarbon gasses liquified under pressure made up of Ethane, Propane, Butane, Isobutane, Pentane and Pentanes-plus or a combination of these products.

**Notice to Airmen (NOTAM):**

This is a notice issued by NAV Canada. A NOTAM restricts access to airspace in a defined area. NOTAMs are generally issued through the nearest flight service station, but can also be requested from the provincial oil & gas regulator or Local Authority.

**Oil Spill Containment and Recovery Unit (OSCAR):**

An OSCAR trailer contains equipment for the containment and recovery of an oil spill.

**Operational Period:**

Incident Action Plans should be prepared for specific time periods, called Operational Periods. Operational Periods can be of various lengths, although they should normally be no longer than 24 hours. It is not unusual to have much shorter Operational Periods covering, for example, two- or four-hour time periods. Decisions on the length of the Operational Period will be affected by:

- Length of time available/needed to achieve tactical objectives.
- Availability of fresh resources (manpower and equipment).
- Future involvement of additional government agencies.
- Environmental considerations, e.g. daylight remaining, weather, etc.
- Safety considerations.

**Plume:**

The area in which gas or smoke disperses into the atmosphere from a source point (e.g., facility, pipeline, well or fire). Plumes are generally elongated (cigar-like), or broad frontal edge shapes that are oriented downwind of the source point.

**Protective Action Zone (PAZ) (Alberta):**

An area downwind of a hazardous release where outdoor pollutant concentrations may result in life-threatening or serious irreversible health effects on people.

## **GLOSSARY – CONT'D.**

**Public:**

The people who are or may experience the effects of an incident (emergency).

**Public Facility:**

A building, such as a hospital, rural school, or major recreational facility, situated outside of an urban centre that can accommodate more than 50 individuals or where additional transportation may be required during an evacuation.

**Sour Gas:**

Natural gas, including solution gas, containing hydrogen sulphide (H<sub>2</sub>S).

**Special Needs:**

Persons for whom early response actions must be taken because they require evacuation assistance, require early notification, do not have telephones, require transportation assistance, have a language or comprehension barrier, or have specific medical needs. Special needs also include those who decline to give information during the public consultation process and any residences or businesses where contact cannot be made.

**State of Local Emergency (SOLE):**

A declaration by a local authority under the Emergency Management Act or by the medical officer of health under the Public Health Act to enable resources and procedures at the municipal level to effectively and efficiently resolve an emergency.

**Surface Development:**

Residences that are occupied full time or part time, publicly used developments, public facilities (including campgrounds and places of business), and any other surface development where the public may gather regularly. Surface development includes residences within 25m outward of the EPZ boundary and those from which residents are required to egress through the EPZ.

**Transient:**

Someone who is not an occupant of an identified surface development within the Emergency Planning Zone (EPZ), but is in the EPZ temporarily e.g. camper, hunter, cross-country skier, etc.

**Uncontrolled Flow:**

A release of product that cannot be shut off at the Duty Holder's discretion.

**Urban Centre:**

A city, town, village, summer village, or hamlet with 50 or more separate buildings, each of which must be an occupied dwelling, or any similar development the AER may designate as an urban centre.

**Urban Density Development:**

Any incorporated urban centre, unincorporated rural subdivision, or group of subdivisions with 50 or more separate buildings (which must be occupied dwellings) or any other similar development the AER designates as an urban density development.

## GLOSSARY – CONT'D.

**Upper Explosive Limit (UEL):**

The highest concentration of a gas or vapour (percent by volume in air) that explodes if an ignition source is present at ambient temperatures.

**Vapour Cloud:**

Some natural gases are heavier than air. When these gases are released to the atmosphere they form a vapour-air plume which is colourless and has a faint hydrocarbon odour. Depending on the product released and the atmospheric conditions, water in the mixing air may condense to form a cloud.

**Plume:**

The area in which gas or smoke disperses into the atmosphere from a source point (e.g., facility, pipeline, well or fire). Plumes are generally elongated (cigar-like), or broad frontal edge shapes that are oriented downwind of the source point.

**Water Body:**

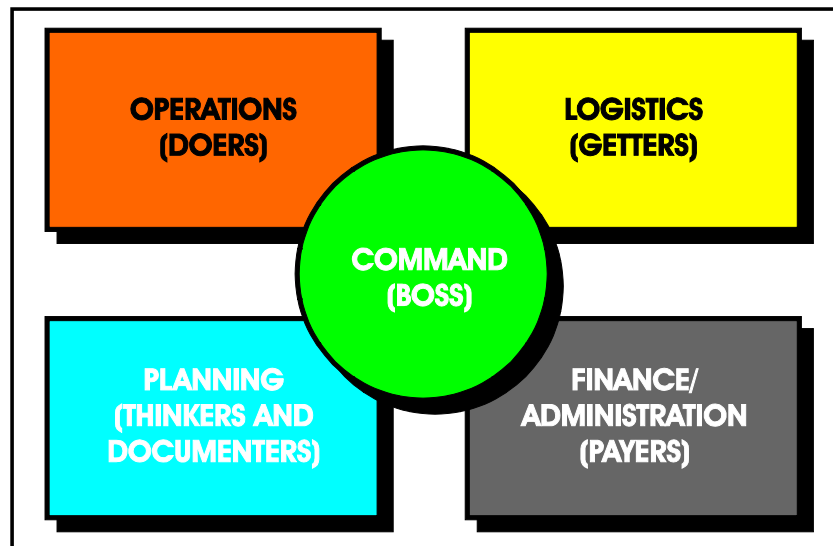
Any location where water flows or is present, whether or not the flow or the presence of water is continuous, intermittent or occurs only during a flood, and includes but is not limited to wetlands and aquifers.

## **APPENDIX 3 – INCIDENT COMMAND SYSTEM (ICS) OVERVIEW**

### **Overview**

The Incident Command System (ICS) is a comprehensive and practical emergency management system widely used by both government and industry. Common terminology has been developed to identify major management functions, personnel and responsibilities.

By adopting Incident Command System (ICS) principles and terminology, government and industry are better equipped to align in emergency response and training. The Incident Command System (ICS) is used to manage incidents of any type or size. This modular system has the flexibility to readily grow or shrink to meet the demands of the incident. The Incident Command System (ICS) five major management functions include: Command, Operations, Planning, Logistics, and Finance/Administration. Additionally specialized Command Staff functions assist the Incident Commander and include: Information, Safety, and Liaison.



Effective management of an incident incorporates the full range of activities undertaken by the Incident Commander and the Incident Management Team. These include the tactical (operational) on-site operations, off-site public and/or environmental protection operations and any other required Incident Command System (ICS) functions.

The Incident Command System (ICS) is capable of handling both small and large incidents, expanding or contracting based on the complexity of the incident and helps ensure the required resources (manpower and equipment) are available. A good “rule-of-thumb” is to overestimate the need for a larger response organization than to underestimate it as it is always possible to downsize resources. In plain terms: **“GET BIG FAST!”**

The Incident Commander is responsible for **ALL** Incident Command System (ICS) functions until responsibility is delegated to another responder. It is not mandatory to assign all Incident Command System (ICS) functions. Only those Incident Command System (ICS) functions required to effectively manage the incident should be mobilized.

One person may fill more than one Incident Command System (ICS) function (multi-tasking). However, within this emergency response plan philosophy, the Incident Commander and On-site Branch Director functions must be filled by different responders. Additionally, within this emergency response plan philosophy, as requested by the Incident Commander; some of the Incident Command System (ICS) functions may be filled by Corporate Emergency Coordination Centre (CECC) personnel.

### **Incident Command System (ICS) Management Functions**

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- Incident Commander - person in command of the incident.
- General Staff - work with the Incident Commander to manage the incident.
- Command Staff – provide specialized advice and support to the Incident Commander.

#### **Incident Command**

**Incident Commander** - is responsible for **ALL** Incident Command System (ICS) functions. This person may decide to perform all functions, other than the On-site Branch Director, or delegate authority to perform functions to other responders. Delegation does not relieve the Incident Commander from overall responsibility. Command = “Boss”.

#### **General Staff**

**Operations Section** - is responsible for directing the tactical operations, both on-site and off-site, to meet the incident objectives. Tactical on-site operations are physical activities conducted to directly mitigate the incident (e.g. putting out the fire, stopping the source of the spill, etc.). Tactical off-site operations are the coordination of public protection measures such as: public Transportation Assistance, Rovers, Roadblocks, Environmental Monitoring, Reception Centre and Telephoners to contact the public. Operations = “Doers”.

**NOTES:** The Operations Section develops from the bottom up (the required single resources to meet the complexity of the incident must be identified). An example of this is: if a response has four Roadblock Teams then a Roadblock Manager may not be required. However, if a response has 12 Roadblock Teams then, to maintain an effective span of control, two Roadblock Managers would be required).

**Within the Operations Section:** “Groups” are functionally based (e.g. roving, roadblocking, telephoning the public, etc.) and “Divisions” are geographically based (e.g. assigned to the east side of the river, etc.).

**Planning Section** - develops the Incident Action Plan (IAP) to meet incident objectives and maintains the status of incident resources (manpower and equipment). Planning is also responsible for the collection, evaluation, display, and dissimulation of incident information and incident documentation. Planning = “Thinkers and Documenters”.

Every incident will have an oral or written Incident Action Plan (IAP) that includes response objectives and strategies. The purpose of an Incident Action Plan (IAP) is to provide all Incident Command System (ICS) team personnel with direction for future actions. The Incident Action Plan (IAP), which includes the specific and measurable tactical operations to be achieved, is developed for a given time-frame called an “Operational Period”. Refer to the Glossary for more details on the Incident Action Plan (IAP) and the Operational Period.

**Logistics Section** - provides the support, orders the resources (manpower and equipment) and provides other services to meet the incident needs. Logistics = “Getters”.

**Finance/Administration Section** - provides accounting, procurement, time recording, and incident cost analysis. Finance/Administration = “Payers”.

### **Command Staff**

**Information Officer** - is the point of contact for the media or other organizations seeking general information about the incident. This responder assumes the responsibility of managing Incident media issues and handles general public concerns that may include community relations.

**Safety Officer** - responsible for assessing and anticipating hazardous and unsafe conditions and develops measures for assuring responder safety. The focus is responder safety not public safety. The Safety Officer has the responsibility to stop potentially unsafe actions.

**Liaison Officer** - The Liaison Officer provides government agency notification and is the point of contact for ongoing communications with any involved government agencies.

### **Tactical Resource (Operational) Management**

Tactical resources (operational) assigned to an incident are managed by one of the following three methods:

- **Single Resources** - includes both personnel and their required equipment (e.g. an on-site responder, a Rover, etc.).
- **Task Forces** - is a combination of different types and kinds of single resources assembled for a particular tactical need, with common communications and a leader (e.g. Well Control Task Force). Task forces can be pre-determined or assembled at an incident from available single resources. Span of control guidelines apply.
- **Strike Teams** - is a combination of the same types and kinds of single resources assembled for a particular tactical need, with common communications and a leader (e.g. Fire Fighting Task Force). Strike teams can be pre-determined or assembled at an incident from available single resources. Span of control guidelines apply.

### **Organizational Terminology**

| Primary Position       |  |  |  | Title                | Support Position |
|------------------------|--|--|--|----------------------|------------------|
| Incident Command       |  |  |  | Incident Commander   | Deputy           |
| Command Staff          |  |  |  | Officer              | Assistant        |
| Section                |  |  |  | Chief                | Deputy           |
| Branch                 |  |  |  | Director             | Deputy           |
| Division/Group         |  |  |  | Supervisor           | N/A              |
| Strike Team/Task Force |  |  |  | Leader               | N/A              |
| Unit                   |  |  |  | Leader               | Manager          |
| Single Resource        |  |  |  | Use Unit Designation | N/A              |

As required any Incident Command System (ICS) responder can have a support position.



## **Unified Command**

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Establishing joint or Unified Command allows multiple companies or government agencies with responsibility for an incident to establish a common set of incident: objectives, strategies and tactics. This is accomplished without losing or abdicating company or government agency authority, responsibility or accountability.

Unified Command may be established when both a company(ies) and involved government agencies have jurisdictional or functional responsibility for the incident. This allows companies or government agencies with incident responsibility to be part of the Incident Command function.

When Unified Command is established the following applies:

- One set of objectives is developed for the incident.
- One Incident Command Post (ICP) is established.
- A collective approach is made to developing strategies.
- Information flow and coordination is improved between the company(ies) and government agencies involved in the incident.
- The company(ies) and all government agencies with responsibility for the incident have an understanding of one another's priorities and restrictions.
- No government agency's authority or legal requirements will be compromised or neglected.
- The company(ies) and each government agency are fully aware of the plans, actions and constraints of all others.
- The combined efforts of the company(ies) and all government agencies are optimized as they perform their respective assignments under a single "Incident Action Plan (IAP)".
- One Operations Section Chief has responsibility to implement the Incident Action Plan (IAP). Unity of Command (one responder reports to **only** one supervisor) must be observed.
- Duplicative efforts are reduced or eliminated, thus reducing cost and chances for frustration and conflict.
- One media release for all incident updates.

The Incident Command System (ICS) is used by many regulators, local authorities and first responders. In some jurisdictions, the local authority (or other government agencies) may activate its emergency response plan for large incidents involving multiple organizations and various response structures. When the incident is severe, activating the Municipal Emergency Operations Centre (MEOC) is a possibility. Joining of the company(ies) Incident Command Post (ICP) and the Municipal Emergency Operations Centre (MEOC) and centralizing information and resources under Unified Command is a possibility.

The development of one Incident Action Plan (IAP) during Unified Command is similar to that for single command. One important distinction is the need for each Incident Commander involved to hold a Command Meeting. The Command Meeting provides the company(ies) and each government agency an opportunity to discuss and concur on important issues prior to Incident Action Planning. The end result of a Command Meeting is that one Incident Action Plan (IAP) addresses company(ies)/multi-government agency priorities and provides tactical operations and resource assignments in a unified effort. The agenda of a Command Meeting is as follows:

- State company(ies)/government agency priorities and objectives.
- Present company(ies)/government agency limitations, concerns and restrictions.
- Develop a collective set of incident objectives.
- Establish and agree on acceptable priorities.
- Adopt an overall strategy or strategies to accomplish objectives.



- Agree on the basic organizational structure.
- Designate the most qualified and acceptable Operations Section Chief. The Operations Section Chief will be the most qualified individual and has full authority to implement the operations portion of the Incident Action Plan (IAP).
- Agree upon information/safety/liaison personnel and planning, logistical and finance agreements and procedures.
- Agree on the resource ordering process.
- Agree on cost-sharing procedures.
- Agree on informational matters.
- Designate one company(ies)/government agency official to act as the Unified Command spokesperson.

## **Transfer of Command**

Transfer of Command is the passing of Incident Command from one responder to another. Transfer of Command during an incident may take place for the following reasons:

- A more qualified person assumes command.
- The incident situation changes over time to where a jurisdictional or department change in command is required.
- It makes good management sense to perform a Transfer of Command.
- Normal turnover of personnel on long or extended incidents.

There are five important steps in effectively assuming command of an incident.

- A. The incoming Incident Commander should, if at all possible, personally perform an assessment of the incident situation with the existing Incident Commander.
- B. The incoming Incident Commander must be adequately briefed. This briefing must be by the current Incident Commander and take place face-to-face if possible. The briefing must cover the following:

|                                         |                                                    |                                                  |
|-----------------------------------------|----------------------------------------------------|--------------------------------------------------|
| Incident history<br>(what has happened) | Objectives, strategies, tactics,<br>and priorities | Current and future Incident<br>Action Plan (IAP) |
| Resources assigned                      | Incident organization                              | Resources ordered/needed                         |
| Facilities established                  | Communication strategy                             | Any constraints or limitations                   |
| Incident potential                      | Delegation of authority                            | -                                                |

The Incident Briefing (ICS 201 Form) is designed to assist in incident briefings and Transfer of Command. It provides a written record about the incident. A completed ICS Form 201 contains:

|                            |                      |
|----------------------------|----------------------|
| A Map Sketch               | Current Organization |
| Summary of Current Actions | Resource Summary     |

One of the features of the Incident Briefing (ICS 201 Form) is that it can be easily disassembled. This allows the required responders to receive the required response information.

The Incident Briefing (ICS 201 Form) is particularly valuable during the first Operational Period of an incident and in many cases it will be the Incident Action Plan (IAP) for the first Operational Period.

- C. After the incident briefing, the incoming Incident Commander should determine an appropriate time for Transfer of Command.
  - D. Notice of Transfer of Command should be made to all incident personnel.
  - E. The incoming Incident Commander may give the previous Incident Commander another assignment on the incident. There are several advantages of this:
    - Retains first-hand knowledge about the incident.
    - Allows the initial Incident Commander to observe the incident progress and to gain experience.
- It should be recognized that Transfer of Command on an expanding incident is to be expected. It does not reflect on the competency of the current Incident Commander.

## **Implementing the Incident Command System (ICS)**

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### **Initial Incident Command System (ICS) Response Organization**

**GET BIG FAST!** Over-mobilizing is preferable to under-mobilizing resources (manpower and equipment). It is always possible to downsize the resources (manpower and equipment).

The training and experience of the Incident Commander is a key factor in a successful response. The Incident Commander needs to be aware when a situation is becoming more complex and may require more resources (manpower and equipment). Potential to impact the public or the environment, the involvement of the media or the involvement of government agency representatives is always a good indication of increasing incident complexity.

The Incident Commander, as with all responders, should keep detailed records and documentation. Proactive mobilization of the Planning Section for documentation support can be very helpful. Personal “Scribes” are also beneficial in assisting responders with documentation. As required, “Scribes” can be assigned to any responder. Appointing a Logistics Section Chief ensures that the mobilizing of additional resources (manpower and equipment) and provision of basic needs for the responders is efficiently managed by someone other than the Incident Commander.

By mobilizing additional responders and assigning defined roles within the Incident Command System (ICS) organization, the Incident Commander can focus on the overall incident and leave the detailed response actions to other responders. This frees the Incident Commander to keep regular communication with the required responders, the Corporate Emergency Coordination Centre (CECC) and to schedule and conduct frequent Incident Management Team meetings (also called Planning Meetings, Situation Reps or Sit Reps).

### **Designate an Incident Command Post (ICP)**

Make sure all responders know the location of the Incident Command Post (ICP). The Incident Commander is not required to have visual contact with the incident site.

### **Assign Incident Command System (ICS) Roles**

If the Incident Commander chooses to notify impacted government agencies, manage media interaction and communicate with other key responders directly, span of control can become ineffective. Assigning responders to fill the Command Staff positions (Information Officer, Safety Officer, Liaison Officer) or General Staff positions (Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Section Chief) can save the Incident Commander a tremendous amount of time and effort, allowing the Incident Commander to have an incident “big picture” view.

**Monitor and Maintain an Effective Span of Control (1:7)**

A supervisor should manage no more than seven responders. As required, additional levels of supervision will be put in place to maintain effective span of control.

**Incident Management Team Meetings**

During an incident, holding often and pre-scheduled Incident Management Team meetings (also called Planning Meetings, Situation Reps or Sit Reps) is essential. Command Staff (Information Officer, Safety Officer, Liaison Officer) and/or General Staff (Operations Section Chief, Planning Section Chief, Logistics Section Chief, Finance/Administration Section Chief) should be allowed to express their actions, concerns and requirements during these meetings. The set time for the next Incident Management Team meeting should be announced at the end of the current meeting.

**Formal Communication**

Assigning tasks, requesting additional resources and reporting the progress of assigned tasks **must** follow Unity of Command (chain of command).

**Informal Communication**

The Incident Command System (ICS) response organization is **open** for responders to freely exchange information (informal communication). An example of this is; as required, to exchange information, the Cost Unit Leader from the Finance/Administration Section may communicate directly with the Planning Section Chief.

**Avoid Using Acronyms**

During a response avoid using acronyms as all responders may not be at the same experience, technical level or have a clear understanding of the acronym.

**Obtain Advice and Support from the Corporate Emergency Coordination Centre (CECC)**

The company Corporate Emergency Coordination Centre (CECC) can be activated to provide advice and support to the Incident Commander and the Incident Management Team, manage corporate reputation issues and provide long-term planning support. As requested by the Incident Commander; some of the Incident Command System (ICS) functions or tasks may be requested from the Emergency Management Support Team (EMST) personnel.

**Demobilize Incident Command System (ICS) Functions when no Longer Needed**

Keeping the incident organization size proportional to the needs of the incident is recommended. Anytime an Incident Command System (ICS) position is demobilized, the responsibilities for that function go to their immediate supervisor.

**Management by Objectives**

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In the Incident Command System (ICS), there are **five** steps to effectively Manage by Objectives (see diagram below). The Incident Commander and Planning Section Chief (if appointed) are responsible for the development of the Incident Action Plan (IAP). All responders must adhere to the Incident Action Plan (IAP).

Incident Objectives should be incorporated into the Incident Action Plan (IAP) and communicated to all responders. Incident Objectives help the response team to focus on specific goals during the Operational Period. Incident Objectives also help benchmark the effectiveness of the response. Incident Objectives state “**what**” is to be accomplished.

Strategies are the methods selected to accomplish the Incident Objectives. Strategies are the “**how**” the Incident Objectives will be accomplished.

Tactics specify how the Strategies will be executed; including implementing the tactical (operational) resources (manpower and equipment). Tactics are the “**who**” will execute the Strategies.

Follow-up is the monitoring of the planned incident actions. Adjustments to the Objectives, Strategies and/or Tactics may be required.

***The Incident Command System (ICS) employs “Objectives”, “Strategies”, and “Tactics”.***

The **five** Management by Objectives steps below need to take place during every response:

