

CONTACT DETAILS	ERCB Contact*			Field Centre*				
	Caller*				Phone*			
	Notification	date*	time*	Release	start date*	start time*	end time*	<input type="checkbox"/> Ongoing
	Location*			Nearest town*				
	Licensee				Phone			
	Operator				Phone			
	Nearest Resident			Distance/Direction		Phone		
	<input type="checkbox"/> First Nations Band <input type="checkbox"/> Metis Settlement	Band/Settlement Name/Contact				Phone		
	Media Involvement?	<input type="checkbox"/> Local <input type="checkbox"/> Regional	<input type="checkbox"/> National	Media Contact				
ERP DETAILS	ERP Activated?*	<input type="checkbox"/> Site Specific	<input type="checkbox"/> Field/Area	<input type="checkbox"/> Corporate	Level*	<input type="checkbox"/> Alert <input type="checkbox"/> Two	<input type="checkbox"/> One <input type="checkbox"/> Three	
	EPZ Size	Numbers and Types of Public in EPZ						
	Public Protection Measure Implemented*	<input type="checkbox"/> Notification <input type="checkbox"/> Shelter	<input type="checkbox"/> Roadblocks <input type="checkbox"/> Evacuation	Number Evacuated*				
RELEASE TYPE	Impact*	<input type="checkbox"/> On site	<input type="checkbox"/> Offsite	<input type="checkbox"/> Release Point Determined*				
	Gas Release*	<input type="checkbox"/> Sweet	<input type="checkbox"/> Sour	<input type="checkbox"/> CO ₂	<input type="checkbox"/> Other	H ₂ S Concentration*	Volume/Rate*	
	Liquid Release	<input type="checkbox"/> Oil	<input type="checkbox"/> Water	<input type="checkbox"/> Effluent	<input type="checkbox"/> Other	Volume/Rate*		
	Impact*	<input type="checkbox"/> Air <input type="checkbox"/> Land	<input type="checkbox"/> Flowing Water <input type="checkbox"/> Standing Water	<input type="checkbox"/> Other	Water Body Name			
	<input type="checkbox"/> Sensitive Environment*	Area Affected (m ²)*				<input type="checkbox"/> Wildlife/Livestock Affected*		
	<input type="checkbox"/> Public Affected*	<input type="checkbox"/> Property Damage*			<input type="checkbox"/> Equipment Loss*			
CONTAINMENT	<input type="checkbox"/> Third Party/Outside Assistance Required	Company				Co-op		
	Control Measures Implemented							

* These fields must be completed to generate an FIS number.

OPERATION TYPE	Well Licence No.	Type of Incident	<input type="checkbox"/> Kick	<input type="checkbox"/> Blowout	<input type="checkbox"/> Loss of Circulation
	Well Status	<input type="checkbox"/> Drilling <input type="checkbox"/> Standing	<input type="checkbox"/> Servicing <input type="checkbox"/> Sweet	<input type="checkbox"/> Producing <input type="checkbox"/> Sour	<input type="checkbox"/> Injection <input type="checkbox"/> Critical <input type="checkbox"/> Suspended
	Pipeline Licence No.	Line No.	<input type="checkbox"/> Hit	<input type="checkbox"/> Leak	<input type="checkbox"/> Rupture
	Production Facility Licence No.	<input type="checkbox"/> Gas <input type="checkbox"/> Oil	<input type="checkbox"/> Gas Plant <input type="checkbox"/> Battery	<input type="checkbox"/> Compressor <input type="checkbox"/> Other	AENV Approval No.
	Contractor Name				Phone
AIR MONITORING	<input type="checkbox"/> Air Monitor Dispatched?	<input type="checkbox"/> Licensee	<input type="checkbox"/> ERCB	ETA	<input type="checkbox"/> Licensee <input type="checkbox"/> ERCB
	Initial Readings/Location	<input type="checkbox"/> PPB <input type="checkbox"/> PPM	<input type="checkbox"/> On Site <input type="checkbox"/> Off Site	Distance	
	Contractor Name	Phone		AMU Phone	
	Wind	Direction	Meteorological Conditions		
LICENSEE	Communications Completed By Licensee				
	<input type="checkbox"/> AEMA <input type="checkbox"/> AENV <input type="checkbox"/> WH&S	<input type="checkbox"/> Health Region <input type="checkbox"/> Local Authority <input type="checkbox"/> Fire	<input type="checkbox"/> RCMP/Police <input type="checkbox"/> First Nations <input type="checkbox"/> NEB	<input type="checkbox"/> Indian Oil and Gas <input type="checkbox"/> DFO <input type="checkbox"/> WCSS	<input type="checkbox"/> TDG <input type="checkbox"/> Ambulance <input type="checkbox"/> Environment Canada
PUBLIC DETAILS	<input type="checkbox"/> Public Health Issues				Complaints
	Water Well Issues		Worker Injuries/Fatalities		
	Private Land Title Holder				Phone
	Public Land Type	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Forestry	<input type="checkbox"/> Grazing	<input type="checkbox"/> Other
	Public Land Administrator Contact				Phone
	Additional Information				