



# NACFOR INCIDENT REPORT FORM

CHK - 014

## EMS INCIDENT REPORTING REQUIREMENTS

### 1. Emergency Response Incidents

- **Fire:** Any uncontrolled fire related to NACFOR activities
- **Spills:** any spill exceeding NACFOR reportable levels or any amount spilled into or immediately adjacent to a stream, lake or running water.
- **Erosion/Landslide events:** any emergency situations or potential emergency exists, abnormal movement has or is occurring, abnormal sedimentation, a volume of material greater than 250<sup>m3</sup> has moved or is at imminent risk of movement, or a land area greater than 0.25 ha is disturbed through erosion processes

### 2. Potential Non-Compliance:

- In the opinion of the person reporting, legislation and regulation has been violated and there may be an agency investigation to determine fact and possible enforcement action.

### 3. Significant Non-conformance:

- An occurrence or event that has or will likely result in a negative impact to a significant environmental aspect and cannot be immediately rectified.
- Where the EMS program has been severely compromised and or a "Notice to Comply" has been issued at the discretion of local management. This includes; repeated non-conformances that may become significant.

### Reportable Levels

Substances	NACFOR	PEP
Antifreeze	5 litres	5 kilograms
Fuel, oil, grease solvent	25 litres	100 litres
Pesticides	1 kilogram	1 kilogram
Explosives	Any	Any

## Part A - EMS Incident Report Details must be completed by NACFOR Management or Operational Contractors

<b>Geographic Area:</b>		<b>Contract # / Road Tenure# / Other Permit #:</b>	
<b>Contractor /Other</b>		<b>On Site Supervisor (if applicable):</b>	
<b>Activity Description (Harvesting, Roads, Major Structure):</b> :		<b>General Location (Operating area, Block, Road ):</b>	
<b>Reported by / Source:</b>	<b>Date Reported:</b>	<b>Occurrence Date:</b>	
<b>Weather:</b> Clear <input type="checkbox"/> , Cloudy <input type="checkbox"/> , Heavy Rain <input type="checkbox"/> , Light rain <input type="checkbox"/> , Snowing <input type="checkbox"/> Temp: Cool <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> Snow depth: _____cm			
<input type="checkbox"/> Fire <input type="checkbox"/> Spill <input type="checkbox"/> Erosion <input type="checkbox"/> Other <b>Brief Description of what occurred:</b>			
<b>Detailed description of the events:</b>			
<b>What corrective action has been taken to date:</b>			
<b>What caused the event?:</b>			
<b>GENERAL COMMENTS (add extra sheets, or use back side of sheet for more actions or comments)</b>			
<b>Licensee or Contractor Supervisor Name:</b> Signature X:		<b>Date submitted to NACFOR:</b>	
<b>Received by (NACFOR staff name):</b>			
<b>Attachment:</b> Additional Pages <input type="checkbox"/> Photos <input type="checkbox"/> Maps <input type="checkbox"/> Correspondence <input type="checkbox"/> Other <input type="checkbox"/>			



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**Part B - Incident Investigation details. This section can be used by NACFOR Management of operational contractor to document details or be used to guide investigation.**

<i>Contributing Causal Factors:</i>	
<i>Root Cause:</i>	
<i>Recommended corrective actions including responsibility and timelines</i>	
<i>Recommended preventive actions including responsibility and timelines</i>	
<i>Significant Environmental Aspect:</i>	
<b>Incident Type</b> <input type="checkbox"/> Emergency Response (Fire/Spill/Erosion) <input type="checkbox"/> Potential Non-Compliance <input type="checkbox"/> Significant Non-Conformance <input type="checkbox"/> Safety <input type="checkbox"/> Other <input type="checkbox"/> All Apply	
<i>Additional Comments:</i>	
Name and Signature of Investigator:	Date Investigation completed :
Manager or Designate Name and Signature:	Date Signed: