

<b>Administrative Detail</b>	Business Area:	Name of Company conducting Test/Drill:	Name of Project (licence, permit, contract):
	Project Activity		
	<input type="checkbox"/> Road construction <input type="checkbox"/> Deactivation/Rehabilitation <input type="checkbox"/> Road/Bridge Maintenance <input type="checkbox"/> Harvesting <input type="checkbox"/> Silviculture		
	Location of Test/Drill (operating area, block #, road #)	Participants and Observers (attach separate list if more)	
		1. _____	6. _____
	2. _____	7. _____	
	3. _____	8. _____	
	4. _____	9. _____	
	5. _____	10. _____	
<b>Circle Test / Drill Methodology Conducted</b> 1) provided emergency scenario, 2) workers <u>physically</u> responded to a perceived threat by following emergency response procedures in an acceptable sequence, 3) checked emergency response equipment, 4) checked emergency contact numbers <b>Complete Checkboxes Indicating Type of Test or Drill Conducted</b>			
<input type="checkbox"/> Test <input type="checkbox"/> Drill		<input type="checkbox"/> Fire	<input type="checkbox"/> Spill <input type="checkbox"/> Erosion/Landslide event
Additional Comments			

<b>Details</b>	Fire tools complete: <input type="checkbox"/> Yes <input type="checkbox"/> No              Spill kit complete: <input type="checkbox"/> Yes <input type="checkbox"/> No              Emergency response plan on site: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Steps &amp; Sequence</b> (as described verbally or physically enacted)		
	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
9			

<b>Recommendations/Follow up</b>	<b>Results of the Test/Drill Exercise (Copy to BCTS)</b>	
	<input type="checkbox"/> All essential steps for the test or drill exercise were completed <input type="checkbox"/> The sequence of steps was appropriate to assess response levels <input type="checkbox"/> Sufficient emergency equipment was available for response	<input type="checkbox"/> Communication equipment was sufficient to allow reporting in a timely manner <input type="checkbox"/> The Incident Report was completed properly <input type="checkbox"/> Participants in the test or drill exercise demonstrated adequate training and response.
	Person conducting the Test/Drill:	Date conducted (mm/dd/yy):
	BCTS representative:	
	Comments/recommendations:	