

*Note: BCTS Staff to follow direction in EOP-04 when CHK-009 is initiated*

EMS INCIDENT DEFINITIONS AND REPORTING REQUIREMENTS	Reportable Levels for Spills		
<p><b>1. Emergency Response Incidents</b></p> <ul style="list-style-type: none"> <li>• <i>Fire:</i> Any uncontrolled fire related to BCTS activities</li> <li>• <i>Spills:</i> any spill exceeding BCTS reportable levels or any amount spilled into or immediately adjacent to a stream, lake or running water.</li> <li>• <i>Erosion/Landslide events:</i> any emergency situations or potential emergency exists, abnormal movement has or is occurring, abnormal sedimentation, a volume of material greater than 250 m<sup>3</sup> has moved or is at imminent risk of movement, or a land area greater than 0.25 ha is disturbed through erosion processes</li> </ul> <p><b>2. Potential Non-Compliance:</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p><b>3. Significant Non-conformance:</b></p> <ul style="list-style-type: none"> <li>• An occurrence or event that has or will likely result in a negative environmental impact and cannot be immediately rectified.</li> <li>• 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.</li> </ul>	<b>Substances</b>	<b>BCTS</b>	<b>EMBC</b>
	Antifreeze	25 litres	25 litres
	Diesel fuel	25 litres	100 litres
	Gasoline (auto & saw)	25 litres	100 litres
	Greases	25 litres	100 litres
	Hydraulic Oil	25 litres	100 litres
	Lubricating Oils	25 litres	100 litres
	Methyl Hydrate	5 litres	5 litres
	Paints & Paint Thinners	25 litres	100 litres
	Solvents	25 litres	100 litres
	Pesticides	1 kg or 1 litre	1 kg or 1 litre
	Explosives	Any	Any

**Part A EMS Incident Report Details must be completed by BCTS clients or staff** Greyed in fields for completion by BCTS only

Part A EMS Incident Report Details - must be completed by BCTS clients or staff	<b>Business Area:</b>		<b>Field Team:</b>	<b>TSL # / Contract # / Road Tenure# / Other Permit #:</b>		
	<b>Licensee / Contractor / Other:</b>			<b>On Site Supervisor or Agent (if applicable):</b>		
	<b>Activity Description (Harvesting, Roads, Major Structure):</b>			<b>General Location of Incident (operating area, blk, road):</b>		
	<b>Occurrence Date / Time:</b>		<b>Date / Time Reported to BCTS:</b>		<b>Reported by:</b>	
	<b>Has incident been reported to regulatory agencies (i.e. C&amp;E)?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Agencies:</b> _____ <b>Date / Time:</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"/> <b>Temp:</b> Cool <input type="checkbox"/> Warm <input type="checkbox"/> Hot <input type="checkbox"/> <b>Snow depth:</b> _____ cm					
	<b>Incident Type:</b> <input type="checkbox"/> Fire <input type="checkbox"/> Spill <input type="checkbox"/> Erosion <input type="checkbox"/> Potential Non-Compliance <input type="checkbox"/> Significant Non-Conformance <input type="checkbox"/> Other <input type="checkbox"/>					
	<b>Detailed description of the incident and associated events:</b>					
	<b>What actions have been taken to date:</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: _____			<b>Date submitted to BCTS:</b>		
	<b>Received by (BCTS 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"/>					
	<b>Is further investigation necessary?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, supervisor/staff to provide rationale and signature below part A only)					
<b>Level of Investigation Required:</b> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Refer to EOP-04 for definitions						
<b>Rationale:</b>						
<b>BCTS Supervisor Name and Signature:</b>			<b>Date Signed:</b>			

*Note: BCTS Staff to follow direction in EOP-04 when CHK-009 is initiated*

**Part B Incident Investigation details.** *This section can be used by BCTS Staff or clients to document investigation details or to help guide an investigation. At a minimum, BCTS Staff must enter investigation details into the BCTS EMS Issue Tracking (ITS) and Action Plan (APN) system.*

<b>Part B</b>	<b>Incident Investigation Details</b>	<i>Investigation Team Members:</i>	
		<i>Contributing Causal Factors:</i>	
		<i>Root Cause (attach additional pages if necessary):</i>	
		<i>Recommended corrective actions including responsibility and timelines:</i>	
		<i>Recommended preventative actions including responsibility and timelines:</i>	
		<i>Potential Environmental Impacts:</i>	
		<i>Additional Comments:</i>	
		<i>Lead Investigator Name and Signature:</i>	<i>Date Investigation completed:</i>
<i>Timber Sales Manager or Designate Name and Signature:</i>	<i>Date Signed:</i>		