



HFN Forestry L.P. Environmental Management System INCIDENT REPORT FORM

INSTRUCTIONS FOR INCIDENTS

HFN Supervisors, crew or Contractor staff complete the white portions for:

Spills: any concentrated spill greater than the quantity indicated in adjacent table, or any amount spilled into or immediately adjacent to a stream, lake or running water.

Fires: any natural, man-caused or industrial fire

Erosion events: any emergency situations or potential emergency exists, abnormal movement has or is occurring, abnormal sedimentation, a volume of material greater than 250m³ has moved or is at imminent risk of movement, or a land area greater than 0.25 ha is disturbed through erosion processes

Trespass or other potential non-compliance: Any action, incident or damage that could result in a penalty or administrative action by MoF Compliance and Enforcement or other regulatory agency.

* Provincial Emergency Program - 1-800-663-3456

Reportable Levels

Substances	HFN	PEP *
Antifreeze	5 litres	5 kilograms (about a 5 gal pail)
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 kilograms
Paints & Paint Thinners	25 litres	100 litres
Solvents	25 litres	100 litres
Pesticides	1 kilogram	1 kilogram
Explosives	Any	Any

Complete both sides of form

Section A – Administrative Details	Where occurred:		ITS Number (HFN to assign)	Date reported:	
	Company:		On-site Contact:		
	Description (Block, Road, Major Culvert Dry Sort)		Specific Location if available (Lat Long, Road Station, Falling Corner Area of Sort)		
	Date & Time of Occurrence (if known):		Type of Incident/Issue: <input type="checkbox"/> Fire <input type="checkbox"/> Spill <input type="checkbox"/> Erosion/Landslide event <input type="checkbox"/> Trespass <input type="checkbox"/> Significant non-compliance <input type="checkbox"/> Other :		
	Discovered by (name):		Reported by:		
	Harvesting <input type="checkbox"/> Falling <input type="checkbox"/> Yarding and Loading <input type="checkbox"/> Helicopter	<input type="checkbox"/> Hauling <input type="checkbox"/> Dryland Sort <input type="checkbox"/> Minor Forest Products	Roads <input type="checkbox"/> Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> Deactivation/Rehabilitation	Other <input type="checkbox"/> Bridge maj. Culvert <input type="checkbox"/> Silviculture <input type="checkbox"/> Planning	
	Weather: 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				
	Wind: None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy <input type="checkbox"/>		Site conditions: Saturated <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/>		

Issue Details	If this incident is a spill, describe the substance: _____ Amount in litres or kg: _____
	Description of Incident/Issue:



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Issue Details	Impact: (size of area affected, impact/damage resulting)
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	Contributing Factors: (weather, not following procedures/plans, equipment failure, wrong flagging/markings, vandalism)
	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	Was the incident/issue unavoidable (e.g.: beyond your control, a natural occurrence, or the result of vandalism)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Remedial Action Taken:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
Follow-up Action Required:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

To be completed by HFN

Reviewed by HFN staff (name):	Date (mm/dd/yy):
EMS non-conformance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Potential non-compliance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Re-Investigation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered (yy/mm/dd):