

**REQUEST FOR DRILL/EXERCISE CREDIT – INLAND FACILITIES****Name of Facility Plan Holder:**

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Plan Number(s):**OSPR Representative(s):**

Date of Drill/Exercise: **Location of Drill/Exercise:**

	Address:	Scenario Coordinates: Latitude:
		Longitude:

Name of Submitter:**Address:****Phone:****E-mail:**

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TYPE OF DRILL/EXERCISE

Tabletop/Functional <input type="checkbox"/>	Equipment Deployment <input type="checkbox"/> 1 st 6 mos. of yr. <input type="checkbox"/> 2 nd 6 mos. of yr.	Unannounced <input type="checkbox"/>	Actual Spill <input type="checkbox"/>	Other <input type="checkbox"/> _____
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TABLETOP/FUNCTIONAL OBJECTIVES (TIERS ☐ I, ☐ II, and ☐ III)

<input type="checkbox"/>	1	Notifications	<input type="checkbox"/>	7.3	Containment and Recovery	<input type="checkbox"/>	8.3.2	Applied Response Technology
<input type="checkbox"/>	2	Staff Mobilization	<input type="checkbox"/>	7.4	Firefighting	<input type="checkbox"/>	8.4	Documentation
<input type="checkbox"/>	3	Incident Command System	<input type="checkbox"/>	7.5	Wildlife Recovery & Rehabilitation	<input type="checkbox"/>	8.5	Volunteer Management
<input type="checkbox"/>	3.1	Unified Command	<input type="checkbox"/>	7.6	Safety of Responders and Public	<input type="checkbox"/>	9	Logistics
<input type="checkbox"/>	4	Safety Officer	<input type="checkbox"/>	7.7	Shoreline Protection	<input type="checkbox"/>	9.1	Communications
<input type="checkbox"/>	5	Public Information Officer	<input type="checkbox"/>	8	Planning	<input type="checkbox"/>	9.2	Personnel Support
<input type="checkbox"/>	6	Liaison Officer	<input type="checkbox"/>	8.1	Situation Unit	<input type="checkbox"/>	9.3	Incident Command Post Equipment and Support
<input type="checkbox"/>	7	Operations	<input type="checkbox"/>	8.2	Resource Unit	<input type="checkbox"/>	10	Finance
<input type="checkbox"/>	7.1	Source Control	<input type="checkbox"/>	8.3	Environmental Unit	<input type="checkbox"/>		
<input type="checkbox"/>	7.2	Assessment	<input type="checkbox"/>	8.3.1	Waste Management	<input type="checkbox"/>		

EQUIPMENT DEPLOYMENT

<input type="checkbox"/>	1	Notifications: <input type="checkbox"/> OSRO <input type="checkbox"/> NRC <input type="checkbox"/> Cal OES	<input type="checkbox"/>	3	Safety	<input type="checkbox"/>	5	Communication
<input type="checkbox"/>	2	Staff Mobilization	<input type="checkbox"/>	4	Equipment Deployment			

Authorized Representatives Name:**Date:**

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NOTE: ONE FORM FOR EACH DRILL/EXERCISE CONDUCTED IS REQUIRED.Please submit request via email to osprdrills@wildlife.ca.gov or FAX to (916) 327-0907



REQUEST FOR DRILL/EXERCISE CREDIT INSTRUCTIONS

This form can be found on OSPR's website at www.wildlife.ca.gov/ospr. Pursuant to Title 14 CCR 820.02(k), to request credit the plan holder shall complete and submit this form to the Drills and Exercises Unit of OSPR within 60 calendar days after completion of the equipment deployment drill or tabletop exercise, along with the supporting documentation described in section 820.02(k)(1), such as Site Safety Plan, Incident Action Plan, Waste Management Plan, Communications Plan, etc., as appropriate. For equipment deployment drill credit, the Equipment Deployment Evaluation Form DFW 1965 (04/01/14) shall also be submitted. If the information submitted is insufficient, the plan holder will be notified and shall have 15 calendar days after notification to send in the completed documentation or the request for credit will be denied.

The Request for Credit Form is divided into 4 sections. The top (yellow section) is filled out by all plan holders requesting Drill/Exercise credit. The violet section contains the tabletop/functional exercise objectives to be used by Tier I, II, and III facilities. The blue section contains the objectives that must be met during an Equipment Deployment Drill.

Include the following information:

Name of Facility or Vessel Plan Holder: Name of plan holder conducting the exercise.

Plan Number(s): The Contingency Plan number assigned by OSPR example; Facility Plan number E1-11-1111

OSPR Representative(s): Name or names of OSPR personnel who attended the drill or exercise.

Date of Drill/Exercise: Date exercise was conducted.

Location of Drill/Exercise: Address where the exercise was held.

Scenario Coordinates: If the exercise includes a specific scenario location, what is the latitude/longitude of the spill site?

Name of Submitter: Name of individual submitting the Request for Drill/Exercise Credit.

Address: Address of the individual submitting the Request for Drill/Exercise Credit.

Phone: Phone number of submitter.

E-mail: E-mail address of the submitter.

Type of Drill or Exercise: **Tabletop/Functional** (an exercise as realistic as possible without deploying resources); **Equipment Deployment** (actual physical deployment of boom and response vessels); **Unannounced** (the drill or exercise was not on the calendar); **Actual Spill** (Title 14 CCR 820.02(j)3: "Actions taken in response to an actual spill in California may be considered for drill or exercise credit."); **Other** (discussion-based exercises, seminars or workshops which are starting points in exercise complexity. Full-scale exercises, such as PREP exercises are also classified as "other".)

Tabletop/Functional Objectives (Tiers I, II, and III) – Check the objectives met during this exercise or spill. The listed objectives are found in Title 14 CCR 820.02(f-h). Each of the required objectives must be met at least once every three years.

Equipment Deployment – Check the objectives met during this drill or spill. The listed objectives are found in Title 14 CCR 820.02(i). (Note that all five objectives must be met to receive drill credit).

Authorized Representatives Name: The name of the individual filling out this form. **Date:** The date this form was filled out.