

Exercise Notification Form –DFW 1964 (04/01/14)

Email to osprdrills@wildlife.ca.gov

SAVE FILE

Please call (*916-445-9327916 375-8580*) or email if not on the Calendar within 5 days. Thank you.

Company Name:	
Address:	
Facility/Vessel Name:	
OSPR Contingency Plan #:	
Point of Contact:	Phone:
Email:	Fax:
Date and time:	
Location:	Latitude/Longitude as available:
Type of Exercise:	
Announced Unannounced Table To	op 🛛 Semi-Annual Equipment Deployment
Spill Management Team Certification Exercise	
Level of Participation (optional):	sonnel 🗌 National Team
🗆 Regional Respons	e Team
Level of OSPR ICS Participation (optional):	
IC IC IPlanning Ope	rations Other
☐ ICS software to be used Type:	
OSPR Design Team Participation (optional): Yes	
Sensitive Site Location, if any:	
Exercise Scenario Description:	Scenario: Latitude: Longitude:
	Longhado.
Objectives – Use numbers described in the California Code of Regulations, Title 14, Section 820.01 (e):	
Other Participants (Agencies, OSRO's, etc.):	