



SAVE

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SECTION 1: PLAN INFORMATION

Plan Holder Name:

Facility/Vessel/Mobile Transfer Unit Name:

Address:
 Street Address City State Zip Code

Contingency Plan Number(s):

Plan #1: Plan #2: Plan #3: Plan #4:

Will this exercise be used for spill management team certification? Yes No

If yes, spill management team number:

SECTION 2: CONTACT INFORMATION

Plan Holder Contact Name: Primary Drill Contact:

Office: Cell: Email:

Facilitator Name (if different from above): Primary Drill Contact:

Office: Cell: Email:

SECTION 3: DRILL OR EXERCISE INFORMATION

Drill or Exercise Type:

Equipment Deployment Drill

Tabletop Exercise

Type: Tier I CalTriVEX Tier II Tier III CoreVEX

Multi-Day Exercise: Yes No

Start Date: End Date:

Start Time: End Time:

Region: North Central South CoreVEX

Drill or Exercise Location:
 Street Address City State Zip Code

CoreVEX Location:
 City State (if in U.S.) Country

SECTION 4: SUBMISSION

Submitter Name: Date Submitted:



INSTRUCTIONS

The plan holder, or their representative, must complete this form in its entirety and submit to the Office of Spill Prevention and Response pursuant to California Code of Regulations (CCR) Title 14, Division 1, Subdivision 4, Chapter 3, Subchapter 3.6, Section 820.1 to provide drill coordinators advanced notice of a drill or exercise. Incomplete forms will not be accepted. Separate notification forms are required for equipment deployment drills and tabletop exercises, even if held on the same day. A single notification form may be used when conducting a tabletop exercise that occurs over multiple consecutive days.

SECTION 1: PLAN INFORMATION

- **Plan Holder Name:** Provide the name of the plan holder conducting the drill or exercise. If a company is facilitating an exercise for multiple vessel plans, then provide the name of the facilitation company instead.
- **Facility/Vessel/Mobile Transfer Unit Name:** Provide the name of the facility, vessel, or mobile transfer unit associated with the contingency plan(s) being drilled or exercised.
- **Address:** Provide the primary address of the plan holder conducting the drill or exercise, to include street address, city, state (two-letter abbreviation), and zip code. If a company is facilitating an exercise for multiple vessel plans, then provide the primary address of the facilitation company instead.
- **Contingency Plan Number(s):** Provide the contingency plan number(s) assigned by the Office of Spill Prevention and Response. Provide up to four plan numbers. If more than four plans are being exercised, then attach a separate Excel file.
- **Spill Management Team Certification:** Indicate whether the exercise will be used to certify a spill management team pursuant to 14 CCR 830.6. If yes, then provide the spill management team number assigned by the Office of Spill Prevention and Response and copy (cc) osprsm@wildlife.ca.gov when the form is submitted.

SECTION 2: CONTACT INFORMATION

- **Plan Holder Contact Name:** Provide the name of the plan holder representative serving as the point of contact for the drill or exercise. Indicate if the plan holder representative will serve as the primary contact and include their office phone number, cell phone number, and email address. If the representative does not have one of these forms of contact, then enter "N/A".
- **Facilitator Name:** If the facilitator is the same as the plan holder contact, then enter "N/A". If the facilitator is different from the plan holder contact, then provide the name of the person facilitating the drill or exercise. Indicate if the facilitator will serve as the primary contact, and include their office phone number, cell phone number, and email address. If the facilitator does not have one of these forms of contact, then enter "N/A".

SECTION 3: DRILL OR EXERCISE INFORMATION

- **Drill or Exercise Type:** Indicate the type of drill and/or exercise that will be conducted.
 - **Equipment Deployment Drill:** Actual deployment of plan holder owned equipment pursuant to 14 CCR 820.1(b)(2).
 - **Tabletop Exercise:** For all exercises, indicate the exercise type pursuant to 14 CCR 820.1(a)(3) and 14 CCR 820.1(b)(1).
- **Multi-Day Exercise:** Indicate if the exercise is going to be more than one day.
- **Start Date/End Date:** Indicate the start date the drill and/or exercise will be conducted using the format MM/DD/YYYY. If it was indicated this will be a multi-day exercise, then indicate the end date of the exercise.
- **Start Time/End Time:** Indicate the start and end times of the drill and/or exercise using the format HH:MM am/pm. For multi-day exercises, indicate the start time for the first day and the end time for the last day.
- **Region:** Indicate the region, pursuant to 14 CCR 820.1(a)(2), where the spill scenario will take place. Indicate if the exercise is a CoreVEX, in which case the region does not apply.
- **Drill or Exercise Location:** For all drills and exercises, including CalTriVEX, provide the location of the exercise, to include street address, city, state (two-letter abbreviation), and zip code.
- **CoreVEX Location:** Provide the location of the exercise, to include city, state (two-letter abbreviation, if in the U.S.), and country.

SECTION 4: SUBMISSION

Provide the name of the submitter and the date the form is submitted. The completed notification form must be submitted via email to osprdrills@wildlife.ca.gov.