



**SECTION 1: EVENT INFORMATION**

Plan Holder Name:

Facility/Vessel/Mobile Transfer Unit Name:

Multi-Day Exercise:  Yes  No

Start Date:  End Date:

Drill, Exercise, or Substitution Type:

Equipment Deployment  Tabletop  OSPRIE

Actual Spill - California Office of Emergency Services Control Number:

Office of Spill Prevention and Response Evaluator(s):

Region:  North  Central  South  CoreVEX

Scenario/Incident Location (decimal degrees): Latitude:  Longitude:

Contingency Plan Number(s):

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

**SECTION 2: CONTACT INFORMATION**

Submitter Name:  Phone:  Email:

Address:

Street Address City State Zip Code

Additional Name:  Phone:  Email:

**SECTION 3: CREDIT REQUEST**

**3A: Equipment Deployment Drill**

Deployment Location (decimal degrees): Latitude:  Longitude:

**Objectives:**

1. Notifications  3. Safety  5. Equipment Deployment

2. Staff Mobilization  4. Communications

**3B: CoreVEX**

Location:

City State (if in U.S.) Country

**Objectives:**

1. Notifications

Oil Spill Response Organization Name:

Time:  Contact Name:

California Office of Emergency Services Time:  Contact Name:

National Response Center Time:  Contact Name:

2. Staff Mobilization

Exercise participants list attached



**3C: Tabletop Exercise and CalTriVEX**

Incident Command Post Location:      
 Street Address City State Zip Code

**Objectives:**

**Tier I and CalTriVEX**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1. Notifications <i>(required annually)</i>      | <input type="checkbox"/> 7.2 Assessment            | <input type="checkbox"/> 8.4 Documentation Unit                   |
| <input type="checkbox"/> 2. Staff Mobilization <i>(required annually)</i> | <input type="checkbox"/> 7.3 Firefighting          | <input type="checkbox"/> 8.5 Volunteer Unit                       |
| <input type="checkbox"/> 3. Incident Command System                       | <input type="checkbox"/> 7.4 Wildlife Care         | <input type="checkbox"/> 9. Logistics Section                     |
| <input type="checkbox"/> 3.1 Unified Command                              | <input type="checkbox"/> 7.5 Protective Strategies | <input type="checkbox"/> 9.1 Communications Unit                  |
| <input type="checkbox"/> 4. Safety Officer                                | <input type="checkbox"/> 8. Planning Section       | <input type="checkbox"/> 9.2 Personnel Support                    |
| <input type="checkbox"/> 4.1 Safety of the Public                         | <input type="checkbox"/> 8.1 Situation Unit        | <input type="checkbox"/> 9.3 Response Infrastructure              |
| <input type="checkbox"/> 5. Public Information Officer                    | <input type="checkbox"/> 8.2 Resource Unit         | <input type="checkbox"/> 10. Finance Section                      |
| <input type="checkbox"/> 6. Liaison Officer                               | <input type="checkbox"/> 8.3 Environmental Unit    | <i>Vessels Only</i>   |
| <input type="checkbox"/> 7. Operations Section                            | <input type="checkbox"/> 8.3.1 Waste Management    | <input type="checkbox"/> 11. <i>Vessel Lightering and Salvage</i> |
| <input type="checkbox"/> 7.1 Source Control                               |  |   |

**Tier II**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. Notifications <i>(required annually)</i>      | <input type="checkbox"/> 7.1 Source Control        | <input type="checkbox"/> 8.3.1 Waste Management      |
| <input type="checkbox"/> 2. Staff Mobilization <i>(required annually)</i> | <input type="checkbox"/> 7.2 Assessment            | <input type="checkbox"/> 8.4 Documentation Unit      |
| <input type="checkbox"/> 3. Incident Command System                       | <input type="checkbox"/> 7.3 Firefighting          | <input type="checkbox"/> 8.5 Volunteer Unit          |
| <input type="checkbox"/> 3.1 Unified Command                              | <input type="checkbox"/> 7.4 Wildlife Care         | <input type="checkbox"/> 9. Logistics Section        |
| <input type="checkbox"/> 4. Safety Officer                                | <input type="checkbox"/> 7.5 Protective Strategies | <input type="checkbox"/> 9.1 Communications Unit     |
| <input type="checkbox"/> 4.1 Safety of the Public                         | <input type="checkbox"/> 8. Planning Section       | <input type="checkbox"/> 9.2 Personnel Support       |
| <input type="checkbox"/> 5. Public Information Officer                    | <input type="checkbox"/> 8.1 Situation Unit        | <input type="checkbox"/> 9.3 Response Infrastructure |
| <input type="checkbox"/> 6. Liaison Officer                               | <input type="checkbox"/> 8.2 Resource Unit         | <input type="checkbox"/> 10. Finance Section         |
| <input type="checkbox"/> 7. Operations Section                            | <input type="checkbox"/> 8.3 Environmental Unit    |  |

**Tier III**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1. Notifications <i>(required annually)</i>      | <input type="checkbox"/> 5. Public Information Officer | <input type="checkbox"/> 7.4 Protective Strategies |
| <input type="checkbox"/> 2. Staff Mobilization <i>(required annually)</i> | <input type="checkbox"/> 6. Liaison Officer            | <input type="checkbox"/> 8. Planning Section       |
| <input type="checkbox"/> 3. Incident Command System                       | <input type="checkbox"/> 7. Operations Section         | <input type="checkbox"/> 8.1 Situation Unit        |
| <input type="checkbox"/> 3.1 Unified Command                              | <input type="checkbox"/> 7.1 Source Control            | <input type="checkbox"/> 8.2 Environmental Unit    |
| <input type="checkbox"/> 4. Safety Officer                                | <input type="checkbox"/> 7.2 Assessment                | <input type="checkbox"/> 8.3 Documentation Unit    |
| <input type="checkbox"/> 4.1 Safety of the Public                         | <input type="checkbox"/> 7.3 Wildlife Care             | <input type="checkbox"/> 9. Communications Unit    |

**SECTION 4: SUBMISSION**

Submitter Name:  Date Submitted:



## INSTRUCTIONS

The plan holder, or their representative, must complete this form in its entirety and submit, along with all supporting documentation, 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 request credit for a drill, exercise, OSPRIE, or actual spill. Incomplete forms will not be accepted. A single credit request form may be used when an equipment deployment drill was held on the same day as a tabletop exercise. Separate credit request forms are required if an equipment deployment drill was held on a different day from the tabletop exercise, even if held on consecutive days. A single credit request form may be used when conducting a tabletop exercise that occurred over multiple consecutive days or an actual spill.

### SECTION 1: EVENT INFORMATION

- **Plan Holder Name:** Provide the name of the plan holder that conducted the drill or exercise. If a company facilitated the 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) that were drilled or exercised.
- **Multi-Day Exercise:** Indicate if the exercise was more than one day.
- **Start Date/End Date:** Indicate the start date the drill and/or exercise was conducted using the format MM/DD/YYYY. If it was indicated this was a multi-day exercise, then indicate the end date of the exercise.
- **Drill, Exercise, or Substitution Type:** Indicate the type of drill, exercise, or substitution (as defined in 14 CCR 820.1(a) and (m)), that was conducted. For actual spills, a California Office of Emergency Services control number must be provided. All drill, exercise, or substitution requirements must be met as described in 14 CCR 820.1 to be eligible for credit.
- **Office of Spill Prevention and Response Evaluator(s):** Provide the name(s) of the Office of Spill Prevention and Response evaluator(s) that were present. If the exercise was a CoreVEX, then enter "N/A."
- **Region:** Indicate the region, pursuant to 14 CCR 820.1(a)(2), where the spill scenario took place. Indicate if the exercise was a CoreVEX, in which case the regions do not apply.
- **Scenario/Incident Location:** Provide the latitude and longitude of the spill scenario or incident location in decimal degrees to a precision of six decimal places.
- **Contingency Plan Number(s):** Provide the contingency plan number(s) assigned by the Office of Spill Prevention and Response that were drilled or exercised. Provide up to four plan numbers. If more than four plans were exercised, then attach a separate Excel file.

### SECTION 2: CONTACT INFORMATION

- **Submitter Name:** Provide the name of the person submitting the credit request and include their office or cell phone number, email address, street address, city, state (two-letter abbreviation), and zip code.
- **Additional Name:** If applicable, provide a name, office or cell phone number, and email address for an additional person to receive credit request related communications, including the approval letter.

### SECTION 3: CREDIT REQUEST

Complete the subsection for the drill, exercise, or substitution type conducted.

#### 3A: Equipment Deployment Drill

Provide the latitude and longitude of the equipment deployment location in decimal degrees to a precision of six decimal places. Indicate the objectives requested for credit, pursuant to 14 CCR 820.1(f).

#### 3B: CoreVEX

Provide the location for the exercise, to include city, state (two-letter abbreviation, if in the U.S.), and country. Indicate the objectives requested for credit, provide the oil spill response organization name, times (formatted as HH:MM am/pm), and contact names for the notifications, and attach an exercise participants list, pursuant to 14 CCR 820.1(c)(11)(A).

#### 3C: Tabletop Exercise and CalTriVEX

Provide the incident command post location for the exercise, to include street address, city, state (two-letter abbreviation), and zip code. For the applicable tier, indicate the objectives requested for credit, pursuant to 14 CCR 820.1. Tiers are generally described in subsection (a)(3), tier I requirements are described in subsection (c), tier II requirements are described in subsection (d), and tier III requirements are described in subsection (e).

### SECTION 4: SUBMISSION

Provide the name of the submitter and the date the form is submitted. The completed credit request form and supporting documentation must be submitted via email to [osprdrills@wildlife.ca.gov](mailto:osprdrills@wildlife.ca.gov). Credit requests will not be accepted if an account or password is required for access. By submitting this form, the submitter certifies that all the information contained on the form and within the supporting documentation is truthful and accurate.