



EXERCISE NOTIFICATION

Company Name:	
Company Address:	
Facility/Vessel Name:	
OSPR Contingency Plan #:	
Point of Contact:	Phone:
Email:	Cell:
	Fax:
Exercise Date:	Exercise Time:
Exercise Location:	
Type of Exercise: <input type="checkbox"/> Table Top/Functional <input type="checkbox"/> Equipment Deployment <input type="checkbox"/> (1 st 6 Months) <input type="checkbox"/> (2 nd 6 Months) <input type="checkbox"/> Unannounced <input type="checkbox"/> Other	
Level of Participation (optional): <input type="checkbox"/> Facility/vessel personnel <input type="checkbox"/> National Team <input type="checkbox"/> Regional Response Team <input type="checkbox"/> International Team	
Level of OSPR ICS Participation (optional): <input type="checkbox"/> IC <input type="checkbox"/> Planning <input type="checkbox"/> Operations <input type="checkbox"/> Other <input type="checkbox"/> ICS software to be used Type: _____ <input type="checkbox"/> None	
OSPR Design Team Participation (optional): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sensitive Site Location, if any (Site Number/Site Name):	
Objectives – Use numbers described in the California Code of Regulations, Title 14, Section 820.01 (e-g):	
Other Participants (Agencies, OSRO's, etc.):	



EXERCISE NOTIFICATION

Instructions:

This form is to be submitted to OSPR pursuant to CCR Title 14, Division 1 Subdivision 4, Chapter 3, Subchapter 3, Section 820.01 (d). It shall be filled in and sent to OSPR. The CCR states, the “Administrator shall be given advance notice of a minimum of 30 days for in-state semi-annual equipment deployment drills and discussion-based tabletop exercises (which is a discussion only of response to an oil spill scenario and involves no role playing); 60 day for all other in-state drills and exercises.” One drill/exercise for each form.

Include the following information.

Company Name: Name of company plan holder conducting the exercise.

Company Address: Street address of the facility in this exercise.

Facility/Vessel Name: The official name of the facility or vessel. (Example : Facility Plan number E1-11-1111, Vessel Plan number 08-01-1111).

Point of Contact: Person who will be the primary contact for the exercise.

Exercise Date and Time: Date and time exercise will be conducted.

Exercise Location: Name and street address where the exercise will be held.

Type of Exercise: Is the exercise a Tabletop/Functional, Equipment Deployment, Unannounced or Other. Other; includes discussion based exercises, seminars or workshops which are starting points in exercise complexity. If it’s an Equipment Deployment, is it for the first 6 months of the year or the second 6 months?

Level of Participation (optional): Who will be players during the exercise? Is it the local facility personnel or will other team members participate?

Level of OSPR ICS Participation: Do you want OSPR to fill specific positions within the Incident Command System? What is the name of the response software used during the exercise?

OSPR Design Team Participation: OSPR has drill coordinators and subject matter experts to help with the design of the drill.

Sensitive Sites Location, if any: California has 630 sensitive sites, will the exercise involve deploying boom near a sensitive site?

Exercise Scenario Description: Brief description of the incident that will be used during the exercise.

Scenario: Latitude/Longitude, coordinates of the spill site in the scenario.

Objectives: Listing of the objective numbers in CCR Title 14, Section 820.01 (e-g)

Other Participants: List of other agencies who are invited to participate in the exercise.