



### EXERCISE NOTIFICATION

Company Name:	
Company Address:	
Facility/Vessel Name:	
OSPR Contingency Plan #:	
Point of Contact:	Phone:
	Cell:
Email:	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 <sup>st</sup> 6 Months) <input type="checkbox"/> (2 <sup>nd</sup> 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):	
Exercise Scenario Description:	Scenario coordinate: Latitude: Longitude:
Objectives – Use numbers described in the <u>California Code of Regulations, Title 14, Section 820.01 (e-g)</u> :	
Other Participants (Agencies, OSRO's, etc.):	



State of California – Department of Fish and Wildlife  
**EXERCISE NOTIFICATION INSTRUCTIONS**

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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 provided an opportunity to help design, attend and evaluate all equipment deployment drills and tabletop exercises. To ensure this, Plan Holders shall give advance notice of a minimum of 30 days for equipment deployment drills and 60 days 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.