**REPORTING FORM FOR THE EU F GASES REGULATION**

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| **Reporter Details** |
| First Name |  |
| Last Name |  |
| Company |  |
| Job Title |  |
| Contact Telephone |  |
| Email address |  |

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| **Notification Details** |
| **Who was involved in the incident?** The notification will be shared with each organisation you add. You must add at least one.*Please delete as appropriate.* | *Production installation operator**Well operator**NPI Owner**Permit Holder**Pipeline operator* |
| **Where did the incident occur?** |
| Installation |  |
| Name of Field |  |
| Quadrant and Block |  |
| Block suffix (optional) |  |
| Latitude (WGS 84) |  |
| Longitude (WGS 84) |  |
| **When was the incident first observed?** |
| Date (DD/MM/YYYY) |  |
| Time (24h) |  |
| **Is the incident ongoing** |
| **Yes / No** |  |

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| **Regulatory Breach Details** |
| Does this notification relate either wholly or partially to the release of a F-Gas / ODS? | Yes / No |
| Does this notification relate to a breach of the F-Gas / ODS regulations? | Yes / No |
| Brief details of the breach / non-compliance |  |
| Brief details of the cause of the breach / non-compliance |  |
| Brief details of actions taken to stop the breach/non-compliance and any actions identified or planned to prevent re-occurrence |  |
| Are there any other parties that need to be informed of this notification?*You should include email contacts for all other organisations involved with this notification to ensure their awareness of this incident.* |  |