



EMERGENCY OPERATIONS CENTRE
EVACUATION AREA ACCESS PERMIT

NO PERSON UNDER THE AGE OF 19 WILL BE PERMITTED TO ACCESS EVACUATION AREA

This permit gives the named individual(s) the permission to travel into the Evacuation Order area as per the conditions outlined.

Emergency EOC Contact Number	PERMIT NUMBER
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PERMIT RESTRICTIONS	
PERMIT ENTRY DATE / TIME	PERMIT EXPIRY DATE / TIME
CHECKPOINT LOCATION	
DESTINATION / ADDRESS	
ROUTE TO DESTINATION	

PERMIT HOLDER'S INFORMATION	
FULL LEGAL NAME	D.O.B. / AGE
PHONE NUMBER	DRIVER'S LICENCE #
ADDRESS	

VEHICLE INFORMATION			
MAKE/MODEL	PLATE NUMBER	COLOUR	
APPROVED PASSENGER NAME(S)			

PURPOSE OF ACCESS	
REASON FOR ENTRY	
Must address at least one of the following BCEMS goals	<input type="checkbox"/> Ensure the health/safety of responders <input type="checkbox"/> Protect infrastructure <input type="checkbox"/> Save lives <input type="checkbox"/> Protect property <input type="checkbox"/> Reduce suffering <input type="checkbox"/> Protect the environment <input type="checkbox"/> Protect public health <input type="checkbox"/> Reduce economic and social losses

WAIVER AND AGREEMENT (RELEASE AND INDEMNITY – PLEASE READ CAREFULLY)

“I understand that I have voluntarily chosen to enter into an area that is under an evacuation order due to extreme and imminent hazards and as such, I accept complete responsibility and liability for my actions and choices. In consideration for being permitted to temporarily enter the evacuation area, I hereby release and forever discharge the [Local Authority / First Nation] and other responding agencies and their officers, agents, employees, contractors and volunteers (collectively, the “Released Parties”) and agree to indemnify and save harmless the Released Parties from and against all losses, claims, damages, actions, causes of action, costs and expenses whatsoever, that the Released Parties may sustain, incur, suffer or be put to, including those arising from the negligence of the Released Parties, by reason of this permit or my entering into the evacuation area.”

Name (print):	Signature:
Name (print):	Signature:

INCIDENT COMMANDER RECOMMENDATION FOR ACCESS BASED ON SAFETY CONDITIONS			
RECOMMENDATION	<input type="checkbox"/> Approve <input type="checkbox"/> Deny	NAME	SIGNATURE
ESCORT REQUIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No	ESCORT NAME/CONTACT	

ON BEHALF OF [LOCAL AUTHORITY/FIRST NATION], TEMPORARY ACCESS AUTHORIZED BY			
POSITION	NAME	SIGNATURE	
SAFETY BRIEFING PROVIDED TO PERMIT HOLDER(S) AT TIME OF ISSUANCE?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERMIT HOLDER(S) IS ONLY TO TRAVEL TO AND FROM THE DESTINATION NOTED WITH NO DEVIATION FROM THE APPROVED ROUTE.
 PERMIT HOLDER(S) IS NOT AUTHORIZED TO ENTER ONTO ANY OTHER PRIVATE PROPERTY THAN THE APPROVED DESTINATION.
 PERMIT HOLDER(S) MUST EXIT THE EVACUATION AREA BY THE PERMIT EXPIRY DATE AND TIME.
 PERMIT IS TO BE RETURNED TO CHECKPOINT PERSONNEL UPON EXIT.