

## **Appendix E1**

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### **2009 GN Spill Report Forms**

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Canada

## NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR <b>05-26-2009</b>		REPORT TIME <b>9:00</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR <b>05-25-2009</b>		OCCURRENCE TIME <b>18:45</b>			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KIOL BL-14</b>			WATER LICENCE NUMBER (IF APPLICABLE) <b>NWB BBC-TEH0809</b>		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>8 km south of Exploration Camp</b>				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES <b>64</b> MINUTES <b>58</b> SECONDS <b>18</b>			LONGITUDE DEGREES <b>96</b> MINUTES <b>13</b> SECONDS <b>17</b>		
F	RESPONSIBLE PARTY OR VESSEL NAME <b>Agnico-Eagle Mines Ltd</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
G	ANY CONTRACTOR INVOLVED <b>Peter Expediting Ltd</b>		CONTRACTOR ADDRESS OR OFFICE LOCATION <b>Baker Lake</b>			
H	PRODUCT SPILLED <b>Diesel Fuel</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>205 Litres</b>		U.N. NUMBER <b>UN 1202</b>	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE <b>Diesel Fuel Drum</b>		SPILL CAUSE <b>Crack in the bottom of the drum</b>		AREA OF CONTAMINATION IN SQUARE METRES <b>4 m2 and rest spread on 8 km</b>	
J	FACTORS AFFECTING SPILL OR RECOVERY <b>None</b>		DESCRIBE ANY ASSISTANCE REQUIRED <b>NA</b>		HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT <b>NA</b>	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS  <b>We found a 4m2 spot of contaminated soil and the rest was spread on the road without any traces. Contaminated material was picked up and brought to Contaminated soil Area for further treatment. The contractor will make sure to look at the cargo more often during the travel.</b>					
L	REPORTED TO SPILL LINE BY <b>Sylvain Doire</b>	POSITION <b>Enviro. coordinator</b>	EMPLOYER <b>AEM</b>	LOCATION CALLING FROM <b>Meadowbank</b>	TELEPHONE <b>7934610x6728</b>	
M	ANY ALTERNATE CONTACT <b>Stephane Robert</b>	POSITION <b>Env. Superintendant</b>	EMPLOYER <b>AEM</b>	ALTERNATE CONTACT <b>Meadowbank</b> LOCATION	ALTERNATE TELEPHONE <b>7934610x6838</b>	
REPORT LINE USE ONLY						
N	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130	
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS		
LEAD AGENCY						
FIRST SUPPORT AGENCY						
SECOND SUPPORT AGENCY						
THIRD SUPPORT AGENCY						



Canada

**NT-NU SPILL REPORT**

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

<b>A</b>	REPORT DATE: MONTH – DAY – YEAR <b>09-11-2009</b>		REPORT TIME <b>14 h 00 PM</b>		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
<b>B</b>	OCCURRENCE DATE: MONTH – DAY – YEAR <b>09-10-2009</b>		OCCURRENCE TIME <b>16 h 30 PM</b>			
<b>C</b>	LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KIOL BL-14</b>			WATER LICENCE NUMBER (IF APPLICABLE) <b>NWA 2AM-MEA0815</b>		
<b>D</b>	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>Meadowbank Division</b>				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
<b>E</b>	LATITUDE DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>			LONGITUDE DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>		
<b>F</b>	RESPONSIBLE PARTY OR VESSEL NAME <b>AEM</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>Baker Lake; X0X 0A0</b>			
<b>G</b>	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
<b>H</b>	PRODUCT SPILLED <b>Ethylene Glycol Antifreeze</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>1000 litres</b>		U.N. NUMBER <b>UN 2108</b>	
	SECOND PRODUCT SPILLED (IF APPLICABLE) <b>N/A</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
<b>I</b>	SPILL SOURCE <b>Cubic reservoir</b>		SPILL CAUSE <b>Bad stacking in seacan</b>		AREA OF CONTAMINATION IN SQUARE METRES <b>10m2</b>	
<b>J</b>	FACTORS AFFECTING SPILL OR RECOVERY <b>None</b>		DESCRIBE ANY ASSISTANCE REQUIRED		HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	
<b>K</b>	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS  <b>Because a bad stacking in a seacan, when the zoom-boom trying to get the cube out, he make a hole in the reservoir with his forks. The glycol leaked on the ground. All the contaminated soil was removed and bring in the appropriate place.</b>					
<b>L</b>	REPORTED TO SPILL LINE BY <b>Sylvain Doire</b>	POSITION <b>Enviro Coordinator</b>	EMPLOYER <b>AEM</b>	LOCATION CALLING FROM <b>Meadowbank</b>	TELEPHONE <b>7934610x6728</b>	
<b>M</b>	ANY ALTERNATE CONTACT <b>Stephane Robert</b>	POSITION <b>Enviro Superintendent</b>	EMPLOYER <b>AEM</b>	ALTERNATE CONTACT LOCATION <b>Meadowbank</b>	ALTERNATE TELEPHONE <b>819-763-0229</b>	
REPORT LINE USE ONLY						
<b>N</b>	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130	
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
AGENCY		CONTACT NAME		CONTACT TIME		REMARKS
LEAD AGENCY						
FIRST SUPPORT AGENCY						
SECOND SUPPORT AGENCY						
THIRD SUPPORT AGENCY						



Canada

# NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR		REPORT TIME		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR		OCCURRENCE TIME			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION				REGION <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE			LONGITUDE		
	DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS
F	RESPONSIBLE PARTY OR VESSEL NAME		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION			
	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE		SPILL CAUSE		AREA OF CONTAMINATION IN SQUARE METRES	
	FACTORS AFFECTING SPILL OR RECOVERY		DESCRIBE ANY ASSISTANCE REQUIRED		HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS					
L	REPORTED TO SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLING FROM	TELEPHONE	
	ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE	

## REPORT LINE USE ONLY

N	RECEIVED AT SPILL LINE BY	POSITION	EMPLOYER	LOCATION CALLED	REPORT LINE NUMBER
		STATION OPERATOR		YELLOWKNIFE, NT	(867) 920-8130
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY					
FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					



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REPORT LINE USE ONLY

<b>A</b>	REPORT DATE: MONTH - DAY - YEAR <b>10-11-2009</b>	REPORT TIME <b>18h20 PM</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
<b>B</b>	OCCURRENCE DATE: MONTH - DAY - YEAR <b>10-07-2009</b>	OCCURRENCE TIME <b>5h00 PM</b>		
<b>C</b>	LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KIOL BL-14</b>	WATER LICENCE NUMBER (IF APPLICABLE) <b>NWA 2AM-MEA0815</b>		
<b>D</b>	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>Meadowbank Division</b>	REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
<b>E</b>	LATITUDE DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>	LONGITUDE DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>		
<b>F</b>	RESPONSIBLE PARTY OR VESSEL NAME <b>AEM</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>Baker Lake; X0X 0A0</b>		
<b>G</b>	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION		
<b>H</b>	PRODUCT SPILLED <b>Hydraulic oil</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>200 liters</b>	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
<b>I</b>	SPILL SOURCE <b>100 tons truck</b>	SPILL CAUSE <b>Hose broken</b>	AREA OF CONTAMINATION IN SQUARE METRES <b>Spray on road</b>	
<b>J</b>	FACTORS AFFECTING SPILL OR RECOVERY <b>None</b>	DESCRIBE ANY ASSISTANCE REQUIRED	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	
<b>K</b>	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS  <b>When the driver realized the hose was broken, he went directly to the garage to repair it. The oil was spray all along the muddy road. We did few research to find the contamination, but nothing was found. The oil was mix with the muddy soil and nothing can be recovered.</b>  <b>Even the driver did not make a real mistake, we revised the procedure in case of spill with the Operation department's supervisors.</b>			
<b>L</b>	REPORTED TO SPILL LINE BY <b>Sylvain Doire</b>	POSITION <b>Enviro Coordinator</b>	EMPLOYER <b>AEM</b>	LOCATION CALLING FROM <b>Meadowbank</b>
				TELEPHONE <b>7934610x6728</b>
<b>M</b>	ANY ALTERNATE CONTACT <b>Stephane Robert</b>	POSITION <b>Enviro Superintendent</b>	EMPLOYER <b>AEM</b>	ALTERNATE CONTACT <b>Meadowbank</b>
				ALTERNATE TELEPHONE <b>819-763-0229</b>
REPORT LINE USE ONLY				
<b>N</b>	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT
				REPORT LINE NUMBER (867) 920-8130
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN	
			FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
AGENCY	CONTACT NAME		CONTACT TIME	REMARKS
LEAD AGENCY				
FIRST SUPPORT AGENCY				
SECOND SUPPORT AGENCY				
THIRD SUPPORT AGENCY				



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FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

<b>A</b>	REPORT DATE: MONTH - DAY - YEAR <b>10-11-2009</b>	REPORT TIME <b>19 h 00 PM</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
<b>B</b>	OCCURRENCE DATE: MONTH - DAY - YEAR <b>10-11-2009</b>	OCCURRENCE TIME <b>16 h 30 PM</b>		
<b>C</b>	LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KIOL BL-14</b>	WATER LICENCE NUMBER (IF APPLICABLE) <b>NWA BBC-TEH0809</b>		
<b>D</b>	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>Fuel Station, Tankfarm AEM at Baker Lake</b>		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
<b>E</b>	LATITUDE DEGREES <b>64</b> MINUTES <b>19</b> SECONDS <b>6</b>		LONGITUDE DEGREES <b>95</b> MINUTES <b>59</b> SECONDS <b>16</b>	
<b>F</b>	RESPONSIBLE PARTY OR VESSEL NAME <b>AEM</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>General Delivery, Baker Lake, NU, Canada X0X 0A0</b>		
<b>G</b>	ANY CONTRACTOR INVOLVED <b>Arctic Fuels</b>	CONTRACTOR ADDRESS OR OFFICE LOCATION <b>Baker Lake, Nunavut</b>		
<b>H</b>	PRODUCT SPILLED <b>Diesel Fuel</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>200 liters</b>	U.N. NUMBER <b>1202</b>	
	SECOND PRODUCT SPILLED (IF APPLICABLE) <b>N/A</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
<b>I</b>	SPILL SOURCE <b>Fuel tanker truck</b>	SPILL CAUSE <b>Overfill</b>	AREA OF CONTAMINATION IN SQUARE METRES <b>30 m2</b>	
<b>J</b>	FACTORS AFFECTING SPILL OR RECOVERY <b>none</b>	DESCRIBE ANY ASSISTANCE REQUIRED	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT	
<b>K</b>	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS  <b>The driver overfill the tanker truck. All the contamination was recovered and bring in an appropriate place to be store.</b>			
<b>L</b>	REPORTED TO SPILL LINE BY <b>Sylvain Doire</b>	POSITION <b>Enviro Coordinator</b>	EMPLOYER <b>AEM</b>	LOCATION CALLING FROM <b>Meadowbank</b>
<b>M</b>	ANY ALTERNATE CONTACT <b>Stephane Robert</b>	POSITION <b>Enviro Superintendent</b>	EMPLOYER <b>AEM</b>	ALTERNATE CONTACT <b>Meadowbank</b>
REPORT LINE USE ONLY				
<b>N</b>	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN	
AGENCY			FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	
CONTACT NAME		CONTACT TIME	REMARKS	
LEAD AGENCY				
FIRST SUPPORT AGENCY				
SECOND SUPPORT AGENCY				
THIRD SUPPORT AGENCY				