

## Appendix E1

---

---

**Document: *GN Spill Reports***

---

---



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<br><b>03-14-2011</b>  |                                       | REPORT TIME<br><b>9h30</b>  |  | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT | REPORT NUMBER<br>_____ |
| <b>B</b>   | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>03-12-2011</b>  |                                       | OCCURRENCE TIME<br><b>21h00</b>   |  |   |                        |
| <b>C</b>   | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   |                                       |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA 2AM-MEA0815</b>     |   |                        |
| <b>D</b>   | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Division</b>   |                                       |   |  | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN  |                        |
| <b>E</b>   | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |                                       |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b> |   |                        |
| <b>F</b>   | RESPONSIBLE PARTY OR VESSEL NAME<br><b>AEM</b>  |                                       | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake; X0X 0A0</b>                                  |  |   |                        |
| <b>G</b>   | ANY CONTRACTOR INVOLVED   |                                       | CONTRACTOR ADDRESS OR OFFICE LOCATION   |  |   |                        |
| <b>H</b>   | PRODUCT SPILLED<br><b>Fuel</b>  |                                       | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>200 liters</b>  |  | U.N. NUMBER<br><b>1202</b>  |                        |
|  | SECOND PRODUCT SPILLED (IF APPLICABLE)  |                                       | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES   |  | U.N. NUMBER   |                        |
| <b>I</b>   | SPILL SOURCE<br><b>Fuel tanker truck</b>  |                                       | SPILL CAUSE<br><b>Went off road</b>   |  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>9 m2</b>   |                        |
| <b>J</b>   | FACTORS AFFECTING SPILL OR RECOVERY   |                                       | 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<br><b>Accident with the fuel truck in the South Pit. Pipe under the tank cracked.</b><br><br><b>Closed the valve under the tank to stop the leaking, pull out the truck away from the spill area. Put absorbent pads on the ground. Excavated the contaminated soil to be disposed at the appropriate place for storage.</b> |                                       |   |  |   |                        |
| <b>L</b>   | REPORTED TO SPILL LINE BY<br><b>Sylvain Doire</b>   | POSITION<br><b>Enviro Coordinator</b> | EMPLOYER<br><b>AEM</b>  | LOCATION CALLING FROM<br><b>Meadowbank</b>                         | TELEPHONE<br><b>8677934610</b>  |                        |
| <b>M</b>   | ANY ALTERNATE CONTACT<br><b>Stephane Robert</b>   | POSITION<br><b>Env Superintendant</b> | EMPLOYER<br><b>AEM</b>  | ALTERNATE CONTACT<br><b>Meadowbank</b><br>LOCATION                 | ALTERNATE TELEPHONE<br><b>8197630229</b>  |                        |
| REPORT LINE USE ONLY   |   |                                       |   |  |   |                        |
| <b>N</b>   | RECEIVED AT SPILL LINE BY   | POSITION<br>STATION OPERATOR          | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT                                 | REPORT LINE NUMBER<br>(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<br><b>04-10-2011</b> |  | REPORT TIME<br><b>9h30</b>  |  | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT | REPORT NUMBER<br>_____                                |
|  | B  | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>04-09-2011</b>   |   | OCCURRENCE TIME<br><b>am</b>   |   |   |
| C  |  | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>  |   |  | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA 2AM-MEA0815</b>  |   |
|  | D  | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Division</b>  |   |  | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN  |   |
| E  |  | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>  |   |  | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |   |
|  | F  | RESPONSIBLE PARTY OR VESSEL NAME<br><b>AEM</b>   |   | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake; X0X 0A0</b> |   |   |
| G  |  | ANY CONTRACTOR INVOLVED  |   | CONTRACTOR ADDRESS OR OFFICE LOCATION                                      |   |   |
|  | H  | PRODUCT SPILLED<br><b>Hydraulic oil</b>  |   | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>100 Litres</b>         |   | U.N. NUMBER   |
| I  |  | SECOND PRODUCT SPILLED (IF APPLICABLE)   |   | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES                              |   | U.N. NUMBER   |
|  | J  | SPILL SOURCE<br><b>50 Tons Truck</b>   |   | SPILL CAUSE<br><b>Hose broken</b>  |   | AREA OF CONTAMINATION IN SQUARE METRES<br><b>12m2</b> |
| K  |  | FACTORS AFFECTING SPILL OR RECOVERY  |   | DESCRIBE ANY ASSISTANCE REQUIRED   |   | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT             |
|  | L  | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>Removed the contaminated soil and brought it at the appropriate place for disposal.</b> |   |  |   |   |
| M  |  | REPORTED TO SPILL LINE BY<br><b>Sylvain Doire</b>  |   | POSITION<br><b>Enviro Coordinator</b>                                      |   | EMPLOYER<br><b>AEM</b>                                |
|  | N  | LOCATION CALLING FROM<br><b>Meadowbank</b>   |   | TELEPHONE<br><b>867 793 4610</b>   |   |   |
| O  |  | ANY ALTERNATE CONTACT<br><b>Stephane Robert</b>  |   | POSITION<br><b>Env Superintendent</b>                                      |   | EMPLOYER<br><b>AEM</b>                                |
|  | P  | ALTERNATE CONTACT<br><b>Meadowbank</b>   |   | ALTERNATE TELEPHONE<br><b>819 763 0229</b>                                 |   | LOCATION  |
| REPORT LINE USE ONLY   |  |  |   |  |   |   |
| Q  | RECEIVED AT SPILL LINE BY                            |  | POSITION<br>STATION OPERATOR  |  | EMPLOYER  |   |
|  |  |  |   |  |   |   |
| 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<br><b>07-01-2011</b>  |                                       | REPORT TIME<br><b>9:30</b>  |  | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT | REPORT NUMBER<br>_____ |
| <b>B</b>   | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>06-30-2011</b>  |                                       | OCCURRENCE TIME<br><b>10:20</b>   |  |   |                        |
| <b>C</b>   | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   |                                       |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA 2AM-MEA0815</b>     |   |                        |
| <b>D</b>   | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Division</b>   |                                       |   |  | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN  |                        |
| <b>E</b>   | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |                                       |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b> |   |                        |
| <b>F</b>   | RESPONSIBLE PARTY OR VESSEL NAME<br><b>AEM</b>  |                                       | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake; X0X 0A0</b>                                  |  |   |                        |
| <b>G</b>   | ANY CONTRACTOR INVOLVED<br><b>N/A</b>   |                                       | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>N/A</b>   |  |   |                        |
| <b>H</b>   | PRODUCT SPILLED<br><b>slurry</b>  |                                       | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>92 m3</b>   |  | U.N. NUMBER<br><b>N/A</b>   |                        |
|  | SECOND PRODUCT SPILLED (IF APPLICABLE)<br><b>N/A</b>  |                                       | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>N/A</b>   |  | U.N. NUMBER<br><b>N/A</b>   |                        |
| <b>I</b>   | SPILL SOURCE<br><b>CIP tank</b>   |                                       | SPILL CAUSE<br><b>Electrical failure</b>  |  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>2711</b>   |                        |
| <b>J</b>   | FACTORS AFFECTING SPILL OR RECOVERY<br><b>N/A</b>   |                                       | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>N/A</b>  |  | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>N/A</b>   |                        |
| <b>K</b>   | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>Electrical failure caused the CIP tank to overflow as well as the secondary containment, filling the Mill floor and sending the CIP tail pulp (slurry) out of the Mill building.</b><br><br><b>Absorbent boom, peat moss, and earthen berms were used to stop the flow of the slurry from the Mill exits. We also built two earthen berms to keep the contamination from migrating out of the footprint of the mine site.</b><br><br><b>Excavated the slurry/soil mixture and disposed of into tailings holding area.</b><br><br><b>Environmental staff were on site for the duration of the event; including containment of the release and also for clean up and disposal.</b> |                                       |   |  |   |                        |
| <b>L</b>   | REPORTED TO SPILL LINE BY<br><b>Jeffrey Pratt</b>   | POSITION<br><b>Env Coordinator</b>    | EMPLOYER<br><b>AEM</b>  | LOCATION CALLING FROM<br><b>Meadowbank</b>                         | TELEPHONE<br><b>8677934610</b>  |                        |
| <b>M</b>   | ANY ALTERNATE CONTACT<br><b>Stéphane Robert</b>   | POSITION<br><b>Env Superintendent</b> | EMPLOYER<br><b>AEM</b>  | ALTERNATE CONTACT<br>LOCATION<br><b>Meadowbank</b>                 | ALTERNATE TELEPHONE<br><b>8197630229</b>  |                        |
| REPORT LINE USE ONLY   |   |                                       |   |  |   |                        |
| <b>N</b>   | RECEIVED AT SPILL LINE BY   | POSITION<br>STATION OPERATOR          | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT                                 | REPORT LINE NUMBER<br>(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<br><b>07-17-2011</b>   |   | REPORT TIME<br><b>17:00</b>           |   | <input type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT           | REPORT NUMBER<br>_____  |
|                       | B  | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>07-17-2011</b>  |                                       | OCCURRENCE TIME<br><b>10:30</b>   |  |   |
| C                     |  | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL-B14</b>   |                                       | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA 2AM-MEA0815</b>  |  |   |
|                       | D  | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Camp</b>   |                                       |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |   |
| E                     |  | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |                                       | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |  |   |
|                       | F  | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnic-Eagle Mines Limited</b>  |                                       | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake; X0X 0A0</b>                                  |  |   |
| G                     |  | ANY CONTRACTOR INVOLVED<br><b>TCG</b>   |                                       | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>Baker Lake</b>  |  |   |
|                       | H  | PRODUCT SPILLED<br><b>Diesel Fuel</b>   |                                       | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>200 L</b>   | U.N. NUMBER<br><b>1202</b>   |   |
| I                     |  | SECOND PRODUCT SPILLED (IF APPLICABLE)<br><b>Hydraulic oil</b>  |                                       | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>80</b>  | U.N. NUMBER<br><b>1203</b>   |   |
|                       | J  | SPILL SOURCE<br><b>injection unit</b>   |                                       | SPILL CAUSE<br><b>Fire</b>  |  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>100</b>                      |
| K                     |  | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>  |                                       | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>NA</b>   |  | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>Injection unit</b>        |
|                       | L  | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>A fire in an injection unit (two maritime containers side by side) located on South camp Island caused a tank of fuel and a tank of hydraulic oil to spill on the ground. Absorbent boom, and earthen berms were used to contained the contaminated water.</b><br><b>We used a vaccum truck to removed all the contaminated water. The contaminated water was send to the hazardous waste area.</b><br><b>Excavated the contaminated soil and send to contaminated soil storage location.</b><br><b>Environmental staff were on site for the duration of the event; including containment of the release and also for clean up and disposal.</b> |                                       |   |  |   |
| M                     |  | REPORTED TO SPILL LINE BY<br><b>Stéphane Robert</b>   | POSITION<br><b>Env Superintendant</b> | EMPLOYER<br><b>AEM</b>  | LOCATION CALLING FROM<br><b>Meadowbank</b>   | TELEPHONE<br><b>819-763-0229</b>  |
|                       | N  | ANY ALTERNATE CONTACT<br><b>Jeffrey Pratt</b>   | POSITION<br><b>Env Coordinator</b>    | EMPLOYER<br><b>AEM</b>  | ALTERNATE CONTACT<br><b>Meadowbank</b>   | ALTERNATE TELEPHONE<br><b>867-793-4610</b>                                |
| REPORT LINE USE ONLY  |  |   |                                       |   |  |   |
| N                     | RECEIVED AT SPILL LINE BY  | POSITION<br>STATION OPERATOR  | EMPLOYER                              | LOCATION CALLED<br>YELLOWKNIFE, NT  | REPORT LINE NUMBER<br>(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<br><b>07-22-2011</b>   |  | REPORT TIME<br><b>16:00</b>   |   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR<br><input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT      | REPORT NUMBER<br>_____  |
|                       | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>07-21-2011</b>   |  | OCCURRENCE TIME<br><b>19:30</b>   |   |  |   |
| C                     | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KVRW06F04</b>   |  |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>2AM-MEA0815</b>  |  |   |
|                       | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Baker Lake refueling station</b>   |  |   |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |   |
| E                     | LATITUDE<br>DEGREES <b>69</b> MINUTES <b>18</b> SECONDS <b>00</b>  |  |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>50</b> SECONDS <b>00</b>  |  |   |
|                       | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>  |  | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |   |  |   |
| G                     | ANY CONTRACTOR INVOLVED<br><b>Arctic Fuel</b>  |  | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>Baker Lake</b>                |   |  |   |
|                       | PRODUCT SPILLED<br><b>Diesel fuel</b>  |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>500L</b>              |   | U.N. NUMBER<br><b>1202</b>   |   |
| H                     | SECOND PRODUCT SPILLED (IF APPLICABLE)<br><b>None</b>  |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>None</b>              |   | U.N. NUMBER<br><b>None</b>   |   |
|                       | SPILL SOURCE<br><b>Fuel truck</b>  |  | SPILL CAUSE<br><b>Tanker got over-filled</b>                              |   | AREA OF CONTAMINATION IN SQUARE METRES<br><b>40 m2</b>   |   |
| J                     | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>   |  | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>None</b>                           |   | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>   |   |
|                       | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>A tanker truck got overfilled at the Baker Lake refueling station. The valve got close as fast as possible and the contaminated soil has been picked up and send to the quarry 6 on a temporary basis.</b><br><br><b>The procedure of filling of the fuel tanker will be revised with the contractor.</b> |  |   |   |  |   |
| L                     | REPORTED TO SPILL LINE BY<br><b>Stephane Robert</b>  | POSITION<br><b>Env. superintendent</b> | EMPLOYER<br><b>AEM</b>  | LOCATION CALLING FROM<br><b>Meadowbank</b>  | TELEPHONE<br><b>819-763-0229</b>   |   |
|                       | ANY ALTERNATE CONTACT  | POSITION                               | EMPLOYER  | ALTERNATE CONTACT<br>LOCATION   | ALTERNATE TELEPHONE  |   |
| REPORT LINE USE ONLY  |  |  |   |   |  |   |
| N                     | RECEIVED AT SPILL LINE BY  | POSITION<br>STATION OPERATOR           | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT  | REPORT LINE NUMBER<br>(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<br><b>08-24-2011</b>   |  | REPORT TIME<br><b>07:00</b>            |   | <input type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input checked="" type="checkbox"/> UPDATE # <b>11-336</b><br>TO THE ORIGINAL SPILL REPORT | REPORT NUMBER<br><br>_____  |
|                       | B  | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>08-19-2011</b>   |  | OCCURRENCE TIME<br><b>19:45</b>   |   |   |
| C                     |  | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KVRW06F04</b>   |  | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>2AM-MEA0815</b>  |   |   |
|                       | D  | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Road KM 34</b>  |  |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN          |   |
| E                     |  | LATITUDE<br>DEGREES <b>64</b> MINUTES <b>34</b> SECONDS <b>15</b>  |  |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>14</b> SECONDS <b>33</b>  |   |
|                       | F  | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>  |  | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b>                                   |   |   |
| G                     |  | ANY CONTRACTOR INVOLVED<br><b>Arctic Fuel</b>  |  | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>Baker Lake</b>  |   |   |
|                       | H  | PRODUCT SPILLED<br><b>Engine Oil (Ralube 40)</b>   |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>10,000L</b>   |   | U.N. NUMBER   |
| I                     |  | SECOND PRODUCT SPILLED (IF APPLICABLE)<br><b>Roc drill Oil (ARDEE 32)</b>  |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>1,160L</b>  |   | U.N. NUMBER   |
|                       | J  | SPILL SOURCE<br><b>Fuel truck</b>  |  | SPILL CAUSE<br><b>Tanker roll on side</b>   |   | AREA OF CONTAMINATION IN SQUARE METRES<br><b>100 m2</b>                   |
| K                     |  | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>   |  | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>None</b>   |   | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>                  |
|                       | L  | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>On August 19, around 20:00 o'clock, a tractor trailer loaded with two sea cans of oil flip on his side. The first sea can was containing 18 totes (1,000 L) of engine oil (Ralube 40) and the second one was containing 9 totes of engine oil (Ralube 40) and 8 skid of pails (20L) of roc drill oil ARDEE 32. In total, 32,760 L of oil was in the two sea cans. The material in the sea-cans were damage and leaked out of there containment. Around 11,160 L of oil from tote inside the containers spill on the ground. No water body is affected by this spill. During the event, the leaking got contained avoiding the contamination to spread further in the tundra. The product got transfer into safe containment and ship back to the mine site. The oil that went in the ground before the intervention of the environmental crew got excavated and disposed temporary in the quarry #5 onto seal tarp.</b> |  |   |   |   |
| M                     |  | REPORTED TO SPILL LINE BY<br><b>Stephane Robert</b>  | POSITION<br><b>Env. superintendant</b> | EMPLOYER<br><b>AEM</b>  | LOCATION CALLING FROM<br><b>Meadowbank</b>  | TELEPHONE<br><b>819-763-0229</b>  |
|                       | N  | ANY ALTERNATE CONTACT  | POSITION                               | EMPLOYER  | ALTERNATE CONTACT<br>LOCATION   | ALTERNATE TELEPHONE   |
| REPORT LINE USE ONLY  |  |  |  |   |   |   |
| N                     | RECEIVED AT SPILL LINE BY  | POSITION<br>STATION OPERATOR   | EMPLOYER                               | LOCATION CALLED<br>YELLOWKNIFE, NT  | REPORT LINE NUMBER<br>(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  |  |  |  |   |   |   |



# 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<br><b>08-31-2011</b>  | REPORT TIME<br><b>14:10</b>   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT |  | REPORT NUMBER<br>_____  |
| <b>B</b>   | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>08-31-2011</b>  | OCCURRENCE TIME<br><b>07:00</b>   |   |  |   |
| <b>C</b>   | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA-2AM-MEA0815</b>            |   |  |   |
| <b>D</b>   | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Mine Site</b>  |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN  |  |   |
| <b>E</b>   | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |  |   |
| <b>F</b>   | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>   | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |   |  |   |
| <b>G</b>   | ANY CONTRACTOR INVOLVED<br><b>Environnement Godin</b>   | CONTRACTOR ADDRESS OR OFFICE LOCATION                                     |   |  |   |
| <b>H</b>   | PRODUCT SPILLED<br><b>Used Oil</b>  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>150 L</b>             | U.N. NUMBER   |  |   |
|  | SECOND PRODUCT SPILLED (IF APPLICABLE)  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES                             | U.N. NUMBER   |  |   |
| <b>I</b>   | SPILL SOURCE<br><b>1cubic meter oil tote</b>  | SPILL CAUSE<br><b>Punctured tote with zoom boom</b>                       | AREA OF CONTAMINATION IN SQUARE METRES<br><b>10 m2</b>  |  |   |
| <b>J</b>   | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>  | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>NA</b>                             | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>  |  |   |
| <b>K</b>   | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><br><b>While preparing a sea-can to ship Hazardous Waste off site, a zoom boom fork accidentally punctured the outer wall of a cubic tote. The cubic tote contained used oil, resulting in the oil spilling inside the sea can and running out of the sea can onto the ground. About 400 liters was spilled out of the tote into the sea can, in which 150 L of used oil spilled out of the sea can onto the ground.</b><br><br><b>REMEDIATION: Most of the oil was pumped by the vacuum truck. Use of absorbent pads to contain the spill. All contaminate soil was removed and put inside two drums that are going to be ship with the HAZMAT. The container has been clean and a secondary containment has been built under the Sea can. The oil vacuumed up was redeposited into a new tote and the vacuum truck was cleaned at the wash bay, so it can be used for other purposes.</b> |   |   |  |   |
| <b>L</b>   | REPORTED TO SPILL LINE BY<br><b>Jeffrey Pratt</b>   | POSITION<br><b>Environmental Coordi.</b>                                  | EMPLOYER<br><b>Agnico-Eagle Mines</b>   | LOCATION CALLING FROM<br><b>Meadowbank</b>         | TELEPHONE<br><b>8677934610</b>  |
| <b>M</b>   | ANY ALTERNATE CONTACT<br><b>Stephane Robert</b>   | POSITION<br><b>Environmental Superi.</b>                                  | EMPLOYER<br><b>Agnico-Eagle Mines</b>   | ALTERNATE CONTACT<br>LOCATION<br><b>Meadowbank</b> | ALTERNATE TELEPHONE<br><b>8197630229</b>                                  |
| REPORT LINE USE ONLY   |   |   |   |  |   |
| <b>N</b>   | RECEIVED AT SPILL LINE BY   | POSITION<br>STATION OPERATOR  | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT                 | REPORT LINE NUMBER<br>(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<br><b>10-14-2011</b>  | REPORT TIME<br><b>17:45</b>   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT |  | REPORT NUMBER<br>_____  |
| <b>B</b>   | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>10-11-2011</b>  | OCCURRENCE TIME<br><b>04:00</b>   |   |  |   |
| <b>C</b>   | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA-2AM-MEA0815</b>            |   |  |   |
| <b>D</b>   | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Mine Site</b>  |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN  |  |   |
| <b>E</b>   | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |  |   |
| <b>F</b>   | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>   | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |   |  |   |
| <b>G</b>   | ANY CONTRACTOR INVOLVED   | CONTRACTOR ADDRESS OR OFFICE LOCATION                                     |   |  |   |
| <b>H</b>   | PRODUCT SPILLED<br><b>Hydraulic Oil</b>   | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>250 L</b>             | U.N. NUMBER   |  |   |
|  | SECOND PRODUCT SPILLED (IF APPLICABLE)  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES                             | U.N. NUMBER   |  |   |
| <b>I</b>   | SPILL SOURCE<br><b>777 Haul Truck</b>   | SPILL CAUSE<br><b>Rupture Line</b>  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>15 m2</b>  |  |   |
| <b>J</b>   | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>  | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>NA</b>                             | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>  |  |   |
| <b>K</b>   | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><br><b>Haul truck was sitting in the maintenance down line waiting to go into the maintenance shop for repairs. When the truck was started the main hydraulic hose ruptured causing the spill.</b><br><br><b>REMEDIATION: Most of the oil was sucked by the vacuum truck. Use of absorbent pads to contain the spill. Contaminate soil was removed and taken to the contaminated soil storage. The contaminated soil underneath the truck will need to be removed once the truck is mobile again.</b> |   |   |  |   |
| <b>L</b>   | REPORTED TO SPILL LINE BY<br><b>Jeffrey Pratt</b>   | POSITION<br><b>Environmental Coordi.</b>                                  | EMPLOYER<br><b>Agnico-Eagle Mines</b>   | LOCATION CALLING FROM<br><b>Meadowbank</b>         | TELEPHONE<br><b>8677934610</b>  |
| <b>M</b>   | ANY ALTERNATE CONTACT<br><b>Stephane Robert</b>   | POSITION<br><b>Environmental Superi.</b>                                  | EMPLOYER<br><b>Agnico-Eagle Mines</b>   | ALTERNATE CONTACT<br><b>Meadowbank</b><br>LOCATION | ALTERNATE TELEPHONE<br><b>8197630229</b>                                  |
| REPORT LINE USE ONLY   |   |   |   |  |   |
| <b>N</b>   | RECEIVED AT SPILL LINE BY   | POSITION<br>STATION OPERATOR  | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT                 | REPORT LINE NUMBER<br>(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<br><b>10-13-2011</b>   |   | REPORT TIME<br><b>7:15</b>   |   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR<br><input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT      | REPORT NUMBER<br>_____  |
|                       | B  | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>10-13-2011</b>  |                              | OCCURRENCE TIME<br><b>7:05</b>  |  |   |
| C                     |  | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KVRW06F04</b>  |                              |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>2AM-MEA0815</b>   |   |
|                       | D  | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Baker Lake refueling station</b>  |                              |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |   |
| E                     |  | LATITUDE<br>DEGREES                      MINUTES                      SECONDS   |                              |   | LONGITUDE<br>DEGREES                      MINUTES                      SECONDS   |   |
|                       | F  | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>   |                              | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b>                                   |  |   |
| G                     |  | ANY CONTRACTOR INVOLVED<br><b>Artic fuel</b>  |                              | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>Baker Lake</b>  |  |   |
|                       | H  | PRODUCT SPILLED<br><b>Diesel fuel</b>   |                              | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>2300 litres</b>   |  | U.N. NUMBER<br><b>1202</b>  |
| I                     |  | SECOND PRODUCT SPILLED (IF APPLICABLE)<br><b>None</b>   |                              | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>None</b>  |  | U.N. NUMBER<br><b>None</b>  |
|                       | J  | SPILL SOURCE<br><b>Fuel truck</b>   |                              | SPILL CAUSE<br><b>Tanker got over-filled</b>  |  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>40 m2</b>                    |
| K                     |  | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>  |                              | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>None</b>   |  | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>                  |
|                       | L  | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>A tanker truck got overfilled at the Baker Lake refueling station. The valve got close as fast as possible and the contaminated soil has been picked up and send to the quarry 5</b> |                              |   |  |   |
| M                     |  | REPORTED TO SPILL LINE BY<br><b>Stephane Robert</b>   |                              | POSITION<br><b>Env. superintedant</b>   | EMPLOYER<br><b>AEM</b>   | LOCATION CALLING FROM<br><b>Meadowbank</b>                                |
|                       | N  | ANY ALTERNATE CONTACT   |                              | POSITION  | EMPLOYER   | ALTERNATE CONTACT<br>LOCATION   |
| REPORT LINE USE ONLY  |  |   |                              |   |  |   |
| N                     | RECEIVED AT SPILL LINE BY  |   | POSITION<br>STATION OPERATOR | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT   | REPORT LINE NUMBER<br>(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<br><b>10-29-2011</b>  |              | REPORT TIME<br><b>9h24</b>  |   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR<br><input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT      | REPORT NUMBER<br>_____  |
|                       | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>10-29-2011</b>  |              | OCCURRENCE TIME<br><b>6h15</b>  |   |  |   |
| C                     | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   |              |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA-2AM-MEA0815</b>  |  |   |
|                       | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Mine Site</b>  |              |   |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |   |
| E                     | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |              |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |  |   |
|                       | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>   |              | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |   |  |   |
| G                     | ANY CONTRACTOR INVOLVED<br><b>TCG/Qamanittuaq Sana</b>  |              | CONTRACTOR ADDRESS OR OFFICE LOCATION<br><b>Meadowbank</b>                |   |  |   |
|                       | PRODUCT SPILLED<br><b>Diesel fuel</b>   |              | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>200 litres</b>        |   | U.N. NUMBER  |   |
| H                     | SECOND PRODUCT SPILLED (IF APPLICABLE)  |              | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES                             |   | U.N. NUMBER  |   |
|                       | SPILL SOURCE<br><b>Compressor</b>   |              | SPILL CAUSE<br><b>Rolled over</b>   |   | AREA OF CONTAMINATION IN SQUARE METRES<br><b>150 m2</b>  |   |
| I                     | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>  |              | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>None</b>                           |   | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>   |   |
|                       | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>The air compressor, located in the North Portage pit, detached itself from the drill and toppled over. It was put back up as fast as possible. Diesel fuel from compressor spilled on the ground, going down a small hill. An investigation will be held to explain why and how it happened. The spill and surrounding ground was collected by an excavator and hauled in a truck to quarry #22.</b> |              |   |   |  |   |
| K                     | REPORTED TO SPILL LINE BY<br><b>Stephane Robert</b>   |              | POSITION<br><b>Environmental Superi.</b>                                  | EMPLOYER<br><b>Agnico-Eagle Mines</b>   | LOCATION CALLING FROM<br><b>Meadowbank</b>   | TELEPHONE<br><b>8197630229</b>  |
|                       | ANY ALTERNATE CONTACT<br><b>Jeffrey Pratt</b>   |              | POSITION<br><b>Environmental Coordi.</b>                                  | EMPLOYER<br><b>Agnico-Eagle Mines</b>   | ALTERNATE CONTACT LOCATION<br><b>Meadowbank</b>  | ALTERNATE TELEPHONE<br><b>8677934610</b>                                  |
| REPORT LINE USE ONLY  |   |              |   |   |  |   |
| N                     | RECEIVED AT SPILL LINE BY   |              | POSITION<br>STATION OPERATOR  | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT   | REPORT LINE NUMBER<br>(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<br><b>11-09-2011</b>  |  | REPORT TIME<br><b>16:30</b>   |   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR<br><input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT      | REPORT NUMBER<br>_____  |
|                       | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>11-09-2011</b>  |  | OCCURRENCE TIME<br><b>10:15</b>   |   |  |   |
| C                     | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>   |  |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA-2AM-MEA0815</b>  |  |   |
|                       | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Mine Site</b>  |  |   |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |   |
| E                     | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>   |  |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |  |   |
|                       | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>   |  | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |   |  |   |
| G                     | ANY CONTRACTOR INVOLVED   |  | CONTRACTOR ADDRESS OR OFFICE LOCATION                                     |   |  |   |
|                       | PRODUCT SPILLED<br><b>Used Oil</b>  |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>625 L</b>             |   | U.N. NUMBER  |   |
| H                     | SECOND PRODUCT SPILLED (IF APPLICABLE)  |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES                             |   | U.N. NUMBER  |   |
|                       | SPILL SOURCE<br><b>Oil Tote</b>   |  | SPILL CAUSE<br><b>Punctured by Fork of forklift</b>                       |   | AREA OF CONTAMINATION IN SQUARE METRES<br><b>60 m2</b>   |   |
| I                     | FACTORS AFFECTING SPILL OR RECOVERY<br><b>Oil mixed with snow.</b>  |  | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>NA</b>                             |   | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>   |   |
|                       | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><br><b>Operator was attempting to move tote with used oil in it. Snow had built up in front of tote, thus covering the holes for the forks in the base of the tote. The operator tried inserting the forks into the holes without revealing the fork holes. The fork holes were missed and the tote was punctured by the forks, causing a spill of used oil.</b><br><br><b>REMEDIATION: Use of absorbent pads and booms to contain the spill. Contaminate soil and snow was removed and taken to the contaminated soil storage.</b> |  |   |   |  |   |
| L                     | REPORTED TO SPILL LINE BY<br><b>Jeffrey Pratt</b>   | POSITION<br><b>Environmental Coordi.</b> | EMPLOYER<br><b>Agnico-Eagle Mines</b>                                     | LOCATION CALLING FROM<br><b>Meadowbank</b>  | TELEPHONE<br><b>8677934610</b>   |   |
|                       | ANY ALTERNATE CONTACT<br><b>Stephane Robert</b>   | POSITION<br><b>Environmental Superi.</b> | EMPLOYER<br><b>Agnico-Eagle Mines</b>                                     | ALTERNATE CONTACT<br><b>Meadowbank</b>  | ALTERNATE TELEPHONE<br><b>8197630229</b>   |   |
| REPORT LINE USE ONLY  |   |  |   |   |  |   |
| N                     | RECEIVED AT SPILL LINE BY   | POSITION<br>STATION OPERATOR             | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT  | REPORT LINE NUMBER<br>(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<br><b>2011-12-22</b>   |  | REPORT TIME<br><b>8h30</b>  |   | <input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR<br><input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT      | REPORT NUMBER<br>_____  |
|   | OCCURRENCE DATE: MONTH – DAY – YEAR<br><b>2011-12-22</b>   |  | OCCURRENCE TIME<br><b>3h30</b>  |   |  |   |
| C | LAND USE PERMIT NUMBER (IF APPLICABLE)<br><b>KIOL BL-14</b>  |  |   | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>NWA-2AM-MEA0815</b>  |  |   |
|   | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>Meadowbank Mine Site</b>   |  |   |   | REGION<br><input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN |   |
| E | LATITUDE<br>DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>33</b>  |  |   | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>04</b> SECONDS <b>01</b>  |  |   |
|   | RESPONSIBLE PARTY OR VESSEL NAME<br><b>Agnico-Eagle Mines Limited</b>  |  | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>Baker Lake X0X 0A0</b> |   |  |   |
| G | ANY CONTRACTOR INVOLVED  |  | CONTRACTOR ADDRESS OR OFFICE LOCATION                                     |   |  |   |
|   | PRODUCT SPILLED<br><b>Hydraulic oil</b>  |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES<br><b>350 liters</b>        |   | U.N. NUMBER<br><b>1203</b>   |   |
| H | SECOND PRODUCT SPILLED (IF APPLICABLE)   |  | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES                             |   | U.N. NUMBER  |   |
|   | SPILL SOURCE<br><b>Haul truck</b>  |  | SPILL CAUSE<br><b>Broken hydraulic hose</b>                               |   | AREA OF CONTAMINATION IN SQUARE METRES<br><b>25 m2</b>   |   |
| I | FACTORS AFFECTING SPILL OR RECOVERY<br><b>None</b>   |  | DESCRIBE ANY ASSISTANCE REQUIRED<br><b>None</b>                           |   | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT<br><b>None</b>   |   |
|   | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS<br><b>Spill, located at waste dump, was contained until haul truck was removed. Contaminated materials will be sent to quarry 22.</b> |  |   |   |  |   |
| K |  |  |   |   |  |   |
|   |  |  |   |   |  |   |
| L | REPORTED TO SPILL LINE BY<br><b>Stephane Robert</b>  | POSITION<br><b>Environmental Superi.</b> | EMPLOYER<br><b>Agnico-Eagle Mines</b>                                     | LOCATION CALLING FROM<br><b>Meadowbank</b>  | TELEPHONE<br><b>8197630229</b>   |   |
|   | ANY ALTERNATE CONTACT<br><b>Jeffrey Pratt</b>  | POSITION<br><b>Environmental Coordi.</b> | EMPLOYER<br><b>Agnico-Eagle Mines</b>                                     | ALTERNATE CONTACT<br><b>Meadowbank</b>  | ALTERNATE TELEPHONE<br><b>8677934610</b>   |   |
| M | REPORT LINE USE ONLY   |  |   |   |  |   |
|   |  |  |   |   |  |   |
| N | RECEIVED AT SPILL LINE BY  | POSITION<br>STATION OPERATOR             | EMPLOYER  | LOCATION CALLED<br>YELLOWKNIFE, NT  | REPORT LINE NUMBER<br>(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 |
| O | AGENCY   | CONTACT NAME                             | CONTACT TIME  | REMARKS   |  |   |
|   | LEAD AGENCY  |  |   |   |  |   |
| P | FIRST SUPPORT AGENCY   |  |   |   |  |   |
|   | SECOND SUPPORT AGENCY  |  |   |   |  |   |
| Q | THIRD SUPPORT AGENCY   |  |   |   |  |   |
|   |  |  |   |   |  |   |