

Appendix F1

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

A	REPORT DATE: MONTH – DAY – YEAR 2012-03-27		REPORT TIME 7:45		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-03-26		OCCURRENCE TIME 14:30			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33			LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED DYNO NOBEL		CONTRACTOR ADDRESS OR OFFICE LOCATION MEADOWBANK			
H	PRODUCT SPILLED N-59 (emulsifier oil)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 160 LITERS		U.N. NUMBER 1993	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE DRUM		SPILL CAUSE TOPPLED C-CAN		AREA OF CONTAMINATION IN SQUARE METRES 10 M2	
J	FACTORS AFFECTING SPILL OR RECOVERY NONE		DESCRIBE ANY ASSISTANCE REQUIRED NONE		HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT NONE	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS While moving c-cans, one of them fell on the ground from second row. All drums inside were inspected and only one was damaged. Spill was in c-can and then on ground. C-can will be cleaned and lifted and all contaminated soil will be sent to our storage area.					
L	REPORTED TO SPILL LINE BY Stephane Robert	POSITION Environmental Superi.	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197630229	
M	ANY ALTERNATE CONTACT Jeffrey Pratt	POSITION Environmental Coordi.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank LOCATION	ALTERNATE TELEPHONE 8197934610	
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

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TEL: (867) 920-8130

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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR April 17, 2012	REPORT TIME 16:50	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH – DAY – YEAR April 17, 2012	OCCURRENCE TIME 05:45			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14	WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED DIESEL	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 410 LITERS	U.N. NUMBER 1202		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE FUEL LINE	SPILL CAUSE SPLIT LINE	AREA OF CONTAMINATION IN SQUARE METRES 95		
J	FACTORS AFFECTING SPILL OR RECOVERY SPILL SPREAD BY WATER	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 Inside a generator building, a split fuel line caused a leak of diesel fuel. The diesel fuel pooled enough inside the room to cause the wiring at the base of the genset to short out and ignite into flame. Fire alarm went off, fire sprinkler system went off, and ERT team responded. Fuel had spilt out of the building, and with the water from the sprinkler system more diesel spilt out. Diesel spilt outside was mixed with snow. Contaminated snow will be removed and taken to Quarry 22 for storage.				
L	REPORTED TO SPILL LINE BY Jeffrey Pratt	POSITION Environmental Coordi.	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197934610
M	ANY ALTERNATE CONTACT Stephane Robert	POSITION Environmental Superi.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8197630229
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					



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TEL: (867) 920-8130

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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR May 2, 2012	REPORT TIME 16:30	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH – DAY – YEAR May 2, 2012	OCCURRENCE TIME 09:45			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14	WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED DIESEL	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 150 LITERS	U.N. NUMBER 1202		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE Haul Truck Fuel Tank	SPILL CAUSE Stuck Release valve	AREA OF CONTAMINATION IN SQUARE METRES 50		
J	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 While fueling the haul truck the fuel man retrieved the nozzle from the haul truck, the release valve on the haul truck stuck. The fuel leaked from the truck until the release valve was freed by the operations foreman (2 minutes). Absorbent rags were laid out and a berm was quickly built to disallow spreading of contaminant. The grader was used to scrape up the contaminated soil. The contaminated soil has been pick up and is currently being stored in a contaminated soil bin. Approximately 4 cu/m. Contaminated rags have been picked up and stored in the Hazardous waste storage area.				
L	REPORTED TO SPILL LINE BY Jeffrey Pratt	POSITION Environmental Coordi.	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197934610
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environmental Superi.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8197934610
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					



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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 05-18-2012		REPORT TIME 15:15		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 05-18-2012		OCCURRENCE TIME 8:00			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33			LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE WASTE		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES App. 10 CUBIC METERS		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE SEWAGE TANK		SPILL CAUSE OVERFLOW		AREA OF CONTAMINATION IN SQUARE METRES 60	
J	FACTORS AFFECTING SPILL OR RECOVERY SPREAD BY WATER/SNOW		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 During daily STP inspection operator noticed that no sewage was discharging into lift station #3 and that all pumps were stopped. He then went to check main tank outside. There were signs of run-off and some liquid pooling around tank. When he opened the tank he observed that it was full to the top. Operator started pumps manually and went to notify Environmental Department. Spill was contained in a pond, down a small hill. A berm was constructed. Sewage will be vacuumed with site pump truck and sent to the tailings storage facility (TSF – authorized by water license). Some snow is also in contact with area, once melted and contained in pond, it will also be pumped. Removal of snow is made difficult by the presence of pipes and electrical cable in area. Soil will then be removed and disposed of, also to the TSF.					
L	REPORTED TO SPILL LINE BY ROBIN ALLARD	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197593555	
M	ANY ALTERNATE CONTACT KEVIN BUCK	POSITION Environment Super.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8197593555	
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						



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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 2012-05-19		REPORT TIME 11:30		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-05-18		OCCURRENCE TIME 20:00			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33			LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED DIESEL FUEL		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES App. 400 LITERS		U.N. NUMBER 1202	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE TANK #5		SPILL CAUSE OVERFLOW		AREA OF CONTAMINATION IN SQUARE METRES 10	
J	FACTORS AFFECTING SPILL OR RECOVERY Contaminant under the tank		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 <p>During the monthly reading of the diesel tank level, the employee notice that the tank #5 (near of the leach tank) had overflowed due to expansion caused by temperature. He went to notify Environmental Department. The tank level will be lowered. The contaminated soil surrounding the tank will be removed tomorrow. Next week the tank should be emptied. Once emptied and lifted, the contaminated soil underneath the tank will be removed. The contaminated soil will be put in a yellow roll-of and sent to the waste rock disposal facility for storage.</p> <p>Procedures will be revised to prevent subsequent overflow.</p>					
L	REPORTED TO SPILL LINE BY ROBIN ALLARD	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197593555	
M	ANY ALTERNATE CONTACT KEVIN BUCK	POSITION Environment Super.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank LOCATION	ALTERNATE TELEPHONE 8197593555	
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						



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NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 2012-05-26	REPORT TIME 15:00	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-05-26	OCCURRENCE TIME 12:30		
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14	WATER LICENCE NUMBER (IF APPLICABLE) NWA 2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Meadowbank Division		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01	
F	RESPONSIBLE PARTY OR VESSEL NAME AEM	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION Baker Lake; X0X 0A0		
G	ANY CONTRACTOR INVOLVED N/A	CONTRACTOR ADDRESS OR OFFICE LOCATION N/A		
H	PRODUCT SPILLED Water with slurry	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 500 Liters	U.N. NUMBER N/A	
	SECOND PRODUCT SPILLED (IF APPLICABLE) N/A	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES N/A	U.N. NUMBER N/A	
I	SPILL SOURCE CIP tank	SPILL CAUSE Wrong identification of the valve	AREA OF CONTAMINATION IN SQUARE METRES 50	
J	FACTORS AFFECTING SPILL OR RECOVERY N/A	DESCRIBE ANY ASSISTANCE REQUIRED N/A	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT N/A	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS The identification of the valve on a new line were reversed. Instead of sending air towards the detox tank, it went in recirculation but the other valve was close, causing the CIP tank to overflow. The liquid when out of the Mill by a man door and also a garage door. The water got contained and pumped with a vacuum truck and the slurry/soil excavated. All the material got disposed in the Tailing Storage Facility. The environmental technician supervised the clean up operation. The valve identification has been corrected.			
L	REPORTED TO SPILL LINE BY Martin Theriault	POSITION Environment Sr Tech	EMPLOYER AEM	LOCATION CALLING FROM Meadowbank
			TELEPHONE 8677593555	
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Env Superintendant	EMPLOYER AEM	ALTERNATE CONTACT Meadowbank
			ALTERNATE TELEPHONE 8677934610	
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				



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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 2012-06-02		REPORT TIME 11:30		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-06-01		OCCURRENCE TIME 16:30			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33			LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Hydraulic Oil		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES ~340 LITERS		U.N. NUMBER N/A	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE Hydraulic tank on haul truck		SPILL CAUSE Rupture of Hydraulic tank fitting		AREA OF CONTAMINATION IN SQUARE METRES 20	
J	FACTORS AFFECTING SPILL OR RECOVERY Tank struck by falling rock		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 <p>A haul truck was going out of the Bay Goose pit, driver was going by the wall of the pit, when some rocks began to roll down the wall hitting the hydraulic tank cause some of the fittings and connections to brake which led to the spill. The haul truck was removed from area and clean up was initiated.</p> <p>Contaminated soil was brought to the Waste rock dump area for storage and testing.</p>					
L	REPORTED TO SPILL LINE BY JEFFREY PRATT	POSITION Environment Coord.	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8677934610	
M	ANY ALTERNATE CONTACT KEVIN BUCK	POSITION Environment Super.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8677593555	
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						



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EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 2012-07-15		REPORT TIME 8:00		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-07-14		OCCURRENCE TIME 18:15			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33			LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED Services Env. St-Laurent		CONTRACTOR ADDRESS OR OFFICE LOCATION MEADOWBANK			
H	PRODUCT SPILLED WASTE OIL		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 500		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE 1000 liters TOTE		SPILL CAUSE PUNCTURE		AREA OF CONTAMINATION IN SQUARE METRES 45 M3	
J	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 While moving totes stored inside a sea can, a zoom boom fork accidentally punctured the outer wall of a cubic tote. The cubic tote contained used oil, resulting in it spilling inside the sea can and running out of the sea can onto the ground. Tote was immediately flipped over on it's side to stop leaking. About 500 liters was spilled out of the tote into the sea can, of which 200 L of used oil spilled out of the sea can onto the ground. Most of the oil was pumped. Absorbent pads and soil was used to contain the spill. All contaminated soil will be removed and stored in drums to be shipped with HAZMAT. The container has been cleaned. The oil vacuumed up was redeposited into drums and will also be shipped with HAZMAT.					
L	REPORTED TO SPILL LINE BY Robin Allard	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197593555	
M	ANY ALTERNATE CONTACT Jeff Pratt	POSITION Environment Coord.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank LOCATION	ALTERNATE TELEPHONE 8197593555	
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

A	REPORT DATE: MONTH – DAY – YEAR 2012-07-18		REPORT TIME 8:00		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-07-17		OCCURRENCE TIME 10:05			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 33			LONGITUDE DEGREES 96 MINUTES 04 SECONDS 01		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Engine Oil 0W-40 Synthetic		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 800 Liters		U.N. NUMBER 1203	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE 1 cubic meter TOTE		SPILL CAUSE PUNCTURE		AREA OF CONTAMINATION IN SQUARE METRES 50 M3	
J	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 While moving totes for Maintenance department, a zoom boom fork accidentally punctured the outer wall of the tote that was behind it. Totes were located on a half-cut c-can that is used as secondary containment. A total of 800 liters spilled out of the tote and into containment. Oil (app. 200 L) seeped out of that containment and spilled on ground. Spill was contained by a berm and the oil was pumped with vacuum pump. All recovered oil was put in drums and will be shipped with HAZMAT. The c-can has been cleaned-up with absorbent pads. Contaminated soil has been removed and sent to on site temporary storage area. There were not any off-site impacts to the environment.					
L	REPORTED TO SPILL LINE BY Robin Allard	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197593555	
M	ANY ALTERNATE CONTACT Jeff Pratt	POSITION Environment Coord.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank LOCATION	ALTERNATE TELEPHONE 8197593555	
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						



Government
of Canada
Transportation Safety Board of Canada
Transport Canada
Human Resources Development Canada

Gouvernement
du Canada
Bureau de la sécurité des transports du Canada
Transports Canada
Développement des ressources humaines Canada

REPORT OF A MARINE OCCURRENCE / HAZARDOUS OCCURRENCE REPORT

Marine occurrences shall be reported to a Canadian Radio Ship Reporting Station as soon as possible and by the quickest means available.

This form is to be completed as soon as possible, but no later than 30 days after the occurrence, and mailed/Emailed to one of the Transportation Safety Board offices below. Please complete only those sections that apply.

Note: The information you provide on this document is required by law under the provisions of the Canadian Transportation Accident Investigation and Safety Board Act, the Canada Shipping Act, and the Canada Labour Code Part II; it is used to further maritime safety. The personal information that you provide is protected under the provisions of the Privacy Act and will be stored in Personal Information Bank #TSB PPU 005 and #DOT PPU 048.

Place du Centre, 200 Promenade du Portage, 4th Floor, Hull, Québec K1A 1K8 24 Hours phone (613) 720-5540 Fax (819) 953-1583 marine.investigations@tsb.gc.ca	#4-3071 Number Five Road Richmond, B.C. V6X 2T4 Phone (604) 666-5826 Fax (604) 666-7230 marine.western@tsb.gc.ca	23 East Wilnot Street Richmond Hill, Ontario L4B 1A3 Phone (905) 771-7676 Fax (905) 771-7709 marine.central@tsb.gc.ca	Place de la Cité, 2600 Boulevard Laurier, Suite 2820, Ste-Foy, Québec G1V 4M6 Phone (418) 648-3576 Fax (418) 648-3656 marine.laurentian@tsb.gc.ca	150 Thorne Avenue Dartmouth, N.S. B3B 1Z2 Phone (902) 426-2348 Fax (902) 426-5143 marine.atlantic@tsb.gc.ca
--	---	--	--	---

Name of Shipboard Contact Person

Craig Manuel

☒ Master ☐ Other (Specify)

Area code and phone number where you can be reached: 109 721 6021

PART 1 - PARTICULARS OF VESSEL (Required for all occurrences)

Name of Vessel Dorsch	
Flag Canadian	Call Sign VABU
Official or Registration No. 827368	CFV Licence Number
Port of Registry St John's NL	IMO Number 8007195
Type of Ship Tanker	Gross Tonnage 6720
Engine Make and Type MAK Diesel 8M 552 AK	Power 5999 BHP <input checked="" type="checkbox"/> KW <input type="checkbox"/> SHP <input type="checkbox"/>
Year Built 1980	Builder Name and Location Bermer Schiffswerft, Bardenfleth West Germany
Length 130.72 LOA <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Metres <input type="checkbox"/> Feet <input type="checkbox"/>	Breadth 18.5 Metres <input checked="" type="checkbox"/> Feet <input type="checkbox"/>
Hull Material Steel	Ice Class
Classification Society and Notations Germanischer Lloyd	Former Name(s) Tellus

PART 2 - VESSEL OPERATORS/AUTHORIZED REPRESENTATIVE (Required for all reportable occurrences)

Owners or Operating Company		Agent <input type="checkbox"/> Other <input type="checkbox"/>	
Name Coastal Shipping Ltd		Name	
Address PO Box 300 Stn c. Goose Bay, NL		Address	
Telephone 709 896 2421	Fax	Telephone	Fax
Email dwhite@woodwards.nf.ca		Email	

For Transportation Safety Board Use Only	<input type="checkbox"/> Copy sent to HO/Regions <input type="checkbox"/> Copy passed to Transport Canada	File Number	CAS-ID Number
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Canada

TSB 1808 (06-02)

Present Voyage			
Last Sailed From Helicopter Island NU		Destination Baker Lake NU	
Date 08-08-2012		Draught (At time of the occurrence)	
Time		Fwd. 2.9	Aft 4.5 Metres <input checked="" type="checkbox"/> Feet <input type="checkbox"/>
Description of Cargo / Ballast Only ballast remaining as cargo tanks were being stripped at the end of discharge.		Total Weight 1220 t	Geographical location of where ballast was loaded Baker Lake
Nature of operation at time of occurrence (Fishing tuna, international trade, domestic trade, excursion, etc.) Domestic Trade			
Ice Advisor/Navigator On Board Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Unmanned Machinery Space (UMS) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	One Man Bridge Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Integrated Bridge System Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
List of life saving appliances and/or safety equipment used (Life rafts, fire-fighting gear, pumps, etc.) Absorbant material		Number of persons evacuated NA	

PART 5 - PERSONNEL (Required for all occurrences)

Personnel	Master or Person in Charge On Duty: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Officer of the Watch	Engineer of the Watch	Pilot	Pilot on Board Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Surname	Manuel	Heath	bRIEN	Surname	
Given Name	Craig	Stephen	Carl	Given Name	
Certificate Number	1011489	1018214	5009404	License Number	
Grade of Certificate	MNC	WKM-NC	2nd class motor	Grade of License	
Date of Initial Issue	10-07-2008			Date of Issue	
Date of latest continued proficiency endorsement				Licensed By	
Place of Issue				Other Pilot on Board Name	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Exemption	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Duty schedule on the day of the occurrence	As required	6 Hrs on duty 6 Hrs Rest	4 Hrs on duty 8 Hrs Rest		
Hours awake before the occurrence	5	1	4		
Total hours of sleep in the last 24 hours	10	10	10		
Total duration of last sleep period	6	6	6		

PART 6 - DESCRIPTION OF MARINE OCCURRENCE (Required for all occurrences)

This information will be reviewed and analysed by the Transportation Safety Board (TSB) and Transport Canada to assist them in meeting their respective mandates directed at the safe operation of ships. Events and circumstances leading to the marine occurrence should be described as well as any corrective action taken to reduce the risk of a similar occurrence happening in the future. If more space is required please use separate sheet.

The MT Dorsch arrived at the Agnico Eagle Mine site on Aug 8, 2012 at 1210 with a cargo of diesel. The ship's two 4" cargo hoses were retrieved from their mooring connected to the ships manifold at 1320. As per procedure the hose was pressure tested to 75 PSI and checked for leaks. All was found to be ok and discharge commenced at 1425. Discharge manifold pressure is maintained at 100 to 110 PSI giving a rate of discharge of 150 to 190 m3/Hr. The gauge is monitored throughout cargo ops. During discharge the hose is checked at 30 min intervals. The hose which had an annual inspection and test in May 2012 by Industrial Rubber NL Ltd., is tested to a pressure of 225 PSI and has a design working pressure of 150 PSI. On August 9/12 nearing the end of discharge the hose was checked at 1230 and found ok. As the last tank was emptied stripping was started. It was then 20 minutes later, at 1250 that a fine spray of fuel was noticed coming from the section of hose that was resting on the shore and pump was instantly shut down by emergency stop. The work boat was deployed carrying absorbant boom and pads to the scene. The hose was clamped on either side of the leak, which was described as a pin hole in a chafed area. Most of the product, believed to be 30L was found to be on the shore at the waters edge. A small amount reached the water but was contained and collected using absorbant boom and pads. All contaminants were bagged and brought on board to be contained until next port of call. It was later determined that the amount spilled was around 100L. A survey was done to determine if any product was visible on or near the water. It was concluded at that time that all of the product was recovered. Ships crew then assisted mine environmental personnel, who were on scene throughout the clean up providing absorbant material and assistance, in placing more of their absorbant boom along the shoreline to insure containment of any possible residue product remaining in the sand and gravel. At 0300 we departed the scene on route to Helicopter Island. At the time the Coastal Shipping Tanker Nanny was moving into position to prepare for discharge and was tasked with monitoring the scene and taking any action required if further problem developed. (Hose Hydrostatic Test Certificate # IRN-0407-12) NOTE: All Times In NDT

PART 7 - NAVIGATIONAL AIDS (Not required for occupational occurrences)

Check "Y" if on board and "Z" if used at the time of the occurrence

	Y	Z		Y	Z		Y	Z		Y	Z
Radar 1	<input type="checkbox"/>	<input type="checkbox"/>	LORAN C	<input type="checkbox"/>	<input type="checkbox"/>	R/T AM	<input type="checkbox"/>	<input type="checkbox"/>	Gyro Compass	<input type="checkbox"/>	<input type="checkbox"/>
Radar 2	<input type="checkbox"/>	<input type="checkbox"/>	SATNAV	<input type="checkbox"/>	<input type="checkbox"/>	R/T MF	<input type="checkbox"/>	<input type="checkbox"/>	Magnetic Compass	<input type="checkbox"/>	<input type="checkbox"/>
ARPA	<input type="checkbox"/>	<input type="checkbox"/>	GPS/DGPS	<input type="checkbox"/>	<input type="checkbox"/>	R/T VHF	<input type="checkbox"/>	<input type="checkbox"/>	Auto Pilot	<input type="checkbox"/>	<input type="checkbox"/>
GMDSS	<input type="checkbox"/>	<input type="checkbox"/>	ECS/ECDIS	<input type="checkbox"/>	<input type="checkbox"/>	SATCOM	<input type="checkbox"/>	<input type="checkbox"/>	Direction Finder	<input type="checkbox"/>	<input type="checkbox"/>
Course Recorder	<input type="checkbox"/>	<input type="checkbox"/>	AIS	<input type="checkbox"/>	<input type="checkbox"/>	CB	<input type="checkbox"/>	<input type="checkbox"/>	Echo Sounder	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Specify			Voyage Data Recorder on Board	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

PART 8 - DAMAGE (In case of damage to property)

Vessel Damage	Damage to Other Vessel(s) / Other Object(s)
<input type="checkbox"/> Total Loss <input type="checkbox"/> Constructive Total Loss <input type="checkbox"/> Partial Loss	Give brief description of damage to
Description of Damage	Other Objects
	Other Vessels
	Cargo, Shore Installations, etc.
State value of damage/ total loss if known \$	State value of damage/ total loss if known \$

PART 9 - POLLUTANTS AND DANGEROUS GOODS

(In case of sinking, actual or potential release of pollutants or dangerous goods) If more space is required please use separate sheet.

Fuel / Products on Board		Fuel/Products Released							
Proper Shipping Name	Quantity	Quantity Released	IMO Class	UN Number	From		Outcome		
					Bunkers	Cargo	Contained	Dispersed	Caught Fire
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specify units used <input type="checkbox"/> Imperial Gallons <input type="checkbox"/> U.S. Gallons <input type="checkbox"/> Litres <input type="checkbox"/> Barrels <input type="checkbox"/> Metric Tons <input type="checkbox"/> British Tons (Long Tons) <input type="checkbox"/> U.S. Tons (Short Tons) <input type="checkbox"/> Other (Specify) _____									

COASTAL SHIPPING LIMITED

CRITICAL INCIDENT INTERNAL INVESTIGATION REPORT

FUEL SPILL BAKER LAKE, NU, AUGUST 9, 2012

INITIAL REPORT RESULTS DATED AUG 23, 2012

Purpose: To analyze cause of a critical incident and take corrective steps and measures to ensure all reasonable efforts to prevent reoccurrence of similar incidents are implemented.

Description of Event: Accidental discharge from marine hose system of an amount of ULSD into the surrounding environment during discharge operations by the MT Dorsch at the Baker Lake Mine site marine manifold in Baker Lake, Nunavut on August 9, 2012.

Factual Investigation: Crew and Captain were interviewed and meeting by teleconference was held with client after the incident. The results are preliminary at this stage as the failed hose section will be examined and tested for the cause of failure. Initial investigation appears sufficient however to reach a conclusion regarding the immediate cause of the incident and what if any steps could be taken to lessen the likelihood of a similar reoccurrence in the future.

Results of Investigation: From the interviews undertaken and the paperwork maintained aboard the ship, it appears clear that all required procedures and processes for both internal Company procedures and regulatory obligations during discharge operations were carried out without issue. The pre-discharge testing of the hose took place; the required checks of fittings and related apparatus were properly undertaken and the mooring plans for the discharge location were all properly undertaken and recorded as required. Additionally, the crew conducted all discharge operations in accordance with required procedures including continual hose surveillance every 30 minutes both in the water and on the shore during discharge. These procedures were properly recorded in the ships records as expected. These procedures comply with our internal quality control requirements as well as the regulatory requirements of TP10783E published by Transport Canada called Arctic Waters Oil Transfer Guidelines which is the regulatory standard for the procedure in question. There does not appear to have been any human error during the process that caused or contributed to the incident in question.

Additionally, the section of hose in question was tested in May 2012 and an approval certificate was issued as required by the regulations. It was pretested by pressure test prior to commencement of discharge on the day in question. There does not appear to have been any other equipment failure that caused or contributed to the incident save for the pin hole failure in the one section of hose. From observations noted by the Captain and the crew of the ship the failure point on the hose was an area about the size of a loonie (approximately 1.25 inches) that was in the nature of a scuffed or rubbed worn area which caused the immediate failure to occur. The hose has been secured on the vessel and will be returned to the testing facility for review and to determine likely failure cause but

there appears initially to have been scuffing or rubbing of a point on the section in question that resulted in thickness reduction leading to pinhole failure and the accidental discharge in question.

Steps to Lessen Likelihood of Reoccurrences: Given the apparent cause was a scuffing or wearing down of the section in question, what steps might be taken reduce the possibility of a reoccurrence of a similar event?

The best case scenario is that the infrastructure at the discharge location is improved by the addition of a wharf and manifold for secured discharge directly from the ships manifolds to an alongside marine manifold of the site owner. However, in the entire Arctic region there are no such facilities available and this is not currently planned for the site. The next best scenario is a manifold that is closer to the high water mark for the beach area reducing the length of hose required on the beach area thereby reducing the amount of hose most significantly impacted at the site. This is not unusual for other locations in the Arctic and offers a practical solution to the chafing that occurs because of the frequency of discharges for this site and the length of marine hose that is used over the beach area in question. It would involve extending the pipeline from the current manifold to the high water mark, an estimated distance of 200-300 feet. The practical reality of the site in question is that because of the draft and navigational restrictions to service the site, many smaller discharges of product are required to deliver the volumes in question. This necessitates leaving hose on the beach for extended periods of time to both conduct the frequent discharges required and avoid hook up and re-hook up problems that arise during operations. The least amount of hauling, dragging and re-connection we can implement has in the past resulted in the best process to avoid problems. This type of failure is a first for us and an engineered solution for the site in question such as a pipeline extension to the high water mark is a practical solution.

In the interim and until a permanent solution is agreed and implemented, crews will be instructed to do a thorough and more detailed inspection of the beachside hose during pre-start up procedures to check for chafed areas that may exist. Additionally, hose sections will be rotated so that the same hose section does not remain in the same site for extended periods of time.

ACTION ITEMS

1. Instruct ships crews that prior to start up the beach side hose is hand checked for chafed areas that may be apparent prior to discharge commencing and that steps be taken to rotate sections on the beach end of the hose to avoid excessive wear from beach side use.;
2. Company will investigate possible technical solutions with client to reduce possibility of hose wear for implementation next season.



Aug 20, 2012

David Aksawnee
Baker Lake, NU
(867)-793-1593

RE: Woodward Group Spill – Aug 9, 2012 – Agnico- Eagle Results of Precautionary Sampling

Dear David,

As you are aware a spill occurred on August 9, 2012 in Baker Lake during the filling of Agnico-Eagle's fuel tanks by the Woodward Group. It was determined that the fuel line wore through after rubbing on some rocks. A small leak hole discharged approximately 200 liters of diesel fuel into Baker Lake along the shoreline.

The Woodward Group (fuel supplier) took full responsibility for the spill and responded to contain the material initially. Upon notification by the Woodward crew, staff from Agnico-Eagle also responded quickly to assist. Maritime barriers and absorbent booms were utilized to contain and clean up any fuel and residual hydrocarbons. At no point was any fuel observed outside the barriers. Agnico's prime concern was protection of the Baker Lake water supply and the aquatic environment. A community meeting was held on August 11 to inform and update the citizens of Baker Lake on the status of the spill and the associated clean – up actions.

Precautionary samples were taken by Agnico staff at 3 locations in the water near the area of the spill as well as in the vicinity of the Baker Lake Water Supply intake. The sample locations are illustrated on the attached map. Below is a table with the results – there were no exceedences of CCME drinking water criteria or of any substance associated with diesel fuel. Please note the table below comparing results to the drinking water objectives,

Regional Office:
93, Rue Arseneault
Bureau 202
Val d'Or, Quebec J9P 0E9
Tel: 819-825-3744

Baker Lake Office:
P.O. Box 540
Baker Lake, Nunavut X0C 0A0
Tel: 867-793-4610 Fax: 867-793-4611



Lab Number:	21167	21168	21169	21170	Guidelines for Canadian Drinking Water Quality	
Sample name:	BL-Water Intake	BL-01	BL-02	BL-03		
Sampling Date:	12/8/2012	12/8/2012	12/8/2012	12/8/2012		
Parameter					Maximum Acceptable Concentrations	Aesthetic Objectives
BTEX						
- Benzene ug/L	<0.3	<0.3	<0.3	<0.3	5	
- Toluene ug/L	0.7	<0.3	<0.3	<0.3		24
- Ethylbenzene ug/L	<0.3	<0.3	<0.3	<0.3		2.4
- o-xylene ug/L	<0.3	<0.3	<0.3	<0.3		
- (m,p) xylene ug/L	<0.3	<0.3	<0.3	<0.3		
- Total Xylene ug/L	<0.3	<0.3	<0.3	<0.3		300

**Certificate of analysis is also attached

It is noted that there was a very low level of toluene detected - .70 ug/l (well below the aesthetic objective for drinking water) in the sample near the drinking water intake. Toluene detected alone is more likely associated with gasoline than diesel fuel and is used as a solvent in the manufacture of dyes, paints, resins, rubber and benzene derived medicines. For this reason and the fact that no oil sheen was observed while sampling at the water intake location Agnico-Eagle is of the opinion that it is not related to the spill.

Should you have any questions or require any further information please feel free to contact me at kevin.buck@agnico-eagle.com or 819-759-3555 x 6838

Yours Truly,

Kevin Buck
Environment Superintendant
Agnico-Eagle, Meadowbank Division
819-759-3555 x6838
Cell 819-856-1956
Kevin.buck@agnico-eagle.com

Cc. Peter Workman, GN Health and Social Services

Regional Office:
93, Rue Arseneault
Bureau 202
Val d'Or, Quebec J9P 0E9
Tel: 819-825-3744

Baker Lake Office:
P.O. Box 540
Baker Lake, Nunavut X0C 0A0
Tel: 867-793-4610 Fax: 867-793-4611



Results summary

Client: Agnico Eagle Division Meadowbank

Company: M. Stéphane Robert

Address: General Delivery

Baker Lake Nunavut X0C 0A0

Phone: (604) 677-0689 (-)

Fax: (604) 677-0687

Date received: August 14, 2012

Sampled by: Robin Allard

Matrix: Water

Lab number:	21167	21168	21169	21170
Sample name:	BL-Water intake	BL-01	BL-02	BL-03
Sampling date:	12-08-2012	12-08-2012	12-08-2012	12-08-2012
BTX (L)				
- Benzene µg/L	<0.3	<0.3	<0.3	<0.3
- Toluene µg/L	0.7	<0.3	<0.3	<0.3
- Ethylbenzene µg/L	<0.3	<0.3	<0.3	<0.3
- o-xylene µg/L	<0.3	<0.3	<0.3	<0.3
- (m,p) xylene µg/L	<0.3	<0.3	<0.3	<0.3
- Total Xylene µg/L	<0.3	<0.3	<0.3	<0.3

These results are as followed on the Certificate's analysis of the corresponding project number.
In case of difference between these files, the results are signed on the results summary

Roger Turmel, Chimiste
J'approuve le certificat
2012.08.17 11:14:12 -04'00'

Reported on: August 17, 2012

F-02-13
Version 2ième: 18/10/2006

Page 1 of 1

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Regional Office:

93, Rue Arseneault

Bureau 202

Val d'Or, Québec J9P 0E9

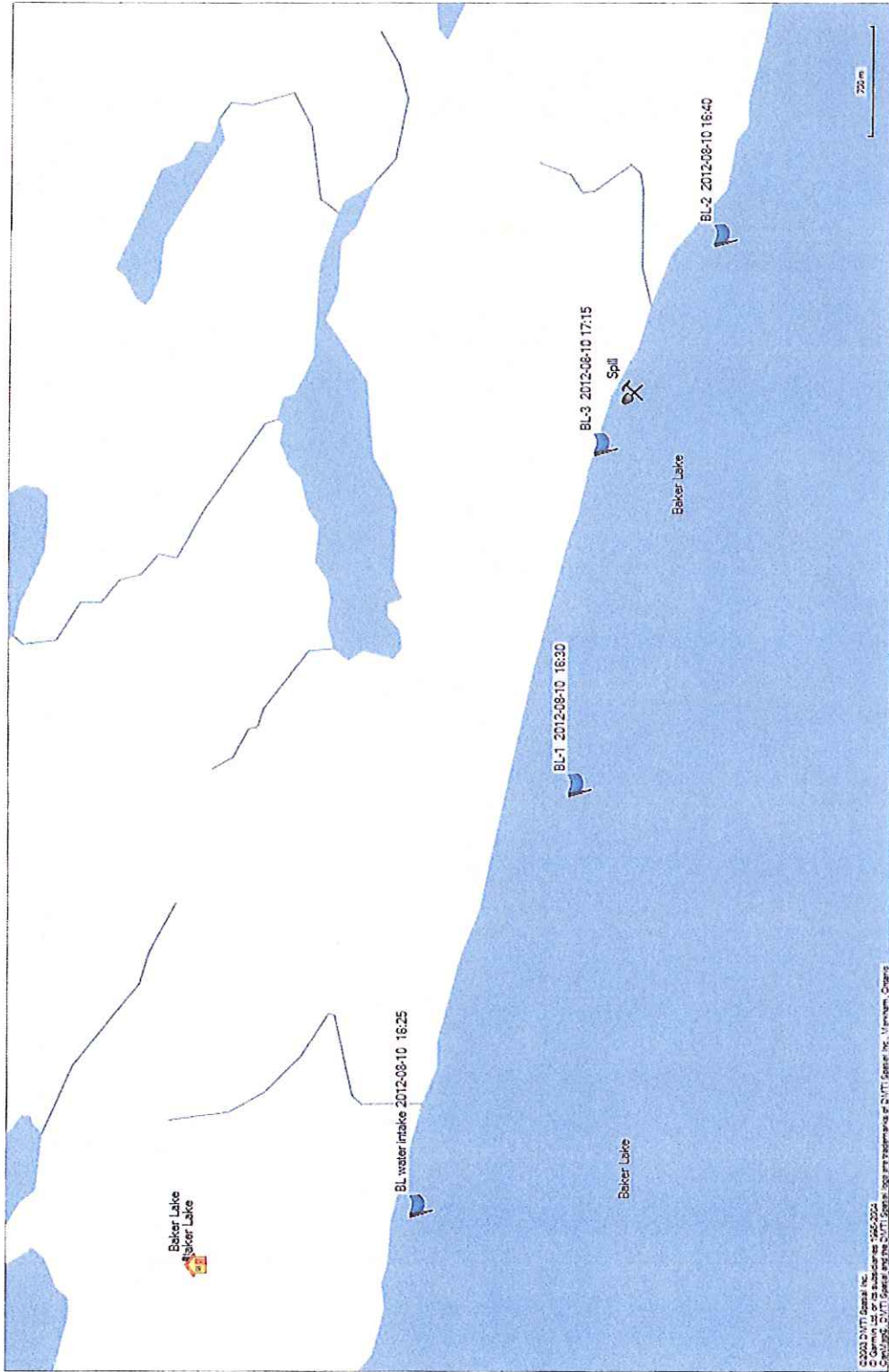
Tel: 819-825-3744

Baker Lake Office:

P.O. Box 540

Baker Lake, Nunavut X0C 0A0

Tel: 867-793-4610 Fax: 867-793-4611





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 2012-09-13		REPORT TIME 6:30		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH - DAY - YEAR 2012-09-12		OCCURRENCE TIME 7:45			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14		WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE			REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 18		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 30			
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Tailings slurry		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 5000 liters		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE Tailings slurry pipe		SPILL CAUSE Broken pipe		AREA OF CONTAMINATION IN SQUARE METRES 150 m2	
J	FACTORS AFFECTING SPILL OR RECOVERY None		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 Tailings pipe broke inside of Mill building. Slurry leaked outside garage door A and went towards Assay Lab building. A berm was put in place to contain the spill while the mill was shutting down. A vacuum truck was used to pump liquid and material. Around 5000 liters was removed with truck and disposed of in our Tailings Storage Facilities. Soil scraped up from affected area also disposed in the TSF. There was no off site impact or discharge to any receiving watercourses.					
L	REPORTED TO SPILL LINE BY Robin Allard	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8197595555	
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environment Superint.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8197595555	
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						



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REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR 2012-10-01	REPORT TIME 18:30	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-10-01	OCCURRENCE TIME 7:00			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14	WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 34		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 18		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED SEWAGE WASTE	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES APP. 8 CUBIC METERS	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE SEWAGE TANK	SPILL CAUSE OVERFLOW	AREA OF CONTAMINATION IN SQUARE METRES 25		
J	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 When operator got to Sewage Treatment Plant, red light alarm for high level in main tank was flashing outside building. He went to check tank outside. It was overflowing from the top. At that time both pumps were on and showing no flow. After verification, effluent pipe was obstructed, explaining why no water was being pumped from the main tank and overflow. Spill was contained in the tank area. Contaminated soil will be removed and disposed of at our tailings storage facility (TSF – authorized by water license). Removal of material is made difficult by the presence of pipes, electrical cable and shack over affected area. There were no off site impact or discharge to any receiving watercourse.				
L	REPORTED TO SPILL LINE BY Robin Allard	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8677634610
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environment Superint.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8677634610
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					



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REPORT LINE USE ONLY

A	REPORT DATE: MONTH - DAY - YEAR 2012-02-11	REPORT TIME 17:30	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH - DAY - YEAR 2012-01-11	OCCURRENCE TIME 17:45			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14	WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 13		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 16		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Calcium chloride	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 100 liters	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE Tote	SPILL CAUSE Punctured tote	AREA OF CONTAMINATION IN SQUARE METRES 5 m3		
J	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 <p>While moving totes from c-can to mill, valve of tote at the back got broken when operator picked up tote at the front. When he got back to move other tote he realized that it was leaking. About 100 liters ended up on ground outside, and 900 liters in the c-can. Area was cleaned (including inside). Contaminated snow and soil (about 1 m3) was taken inside mill and disposed of in process operations.</p> <p>No further clean up action should be required in regard to this spill.</p> <p>There were no off site impact or discharge to any receiving watercourse.</p>				
L	REPORTED TO SPILL LINE BY Robin Allard	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8677634610
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environment Superint.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT LOCATION Meadowbank	ALTERNATE TELEPHONE 8677634610
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"/> IIA <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

A	REPORT DATE: MONTH - DAY - YEAR 2012-11-12	REPORT TIME 13:45	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
B	OCCURRENCE DATE: MONTH - DAY - YEAR 2012-11-11	OCCURRENCE TIME 15:32		
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14	WATER LICENCE NUMBER (IF APPLICABLE) NWA 2 AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION Meadowbank division		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 13		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 19	
F	RESPONSIBLE PARTY OR VESSEL NAME AEM	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION Baker Lake X0X 0A0		
G	ANY CONTRACTOR INVOLVED N/A	CONTRACTOR ADDRESS OR OFFICE LOCATION N/A		
H	PRODUCT SPILLED Slurry	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES App 2500L	U.N. NUMBER N/A	
	SECOND PRODUCT SPILLED (IF APPLICABLE) N/A	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES N/A	U.N. NUMBER N/A	
I	SPILL SOURCE Leaching tank	SPILL CAUSE Electrical failure	AREA OF CONTAMINATION IN SQUARE METRES App 1500	
J	FACTORS AFFECTING SPILL OR RECOVERY N/A	DESCRIBE ANY ASSISTANCE REQUIRED N/A	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT N/A	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS Power failure at the Mill, all compressor were stop and no air available to close the Leach Gate #8. The slurry continued to feed the CIP tank with no pump running to pump it out. The pump box overflowed and flooded the Mill and eventually seeped out of the Mill. Site Services and the environment crew blocked the seeping doors with material and then built a berm to contain the slurry. The material froze and is getting picked up and send to the tailing pond. No material discharge in any receiving water body.			
L	REPORTED TO SPILL LINE BY Martin Theriault	POSITION Environment Sr tech	EMPLOYER AEM	LOCATION CALLING FROM Meadowbank
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environment Superint	EMPLOYER AEM	ALTERNATE CONTACT LOCATION Meadowbank
TELEPHONE 8677634610				
ALTERNATE TELEPHONE 8677634610				
REPORT LINE USE ONLY				
N	RECEIVED AT SPILL LINE BY STATION OPERATOR	POSITION	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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REPORT LINE USE ONLY

A	REPORT DATE - MONTH - DAY - YEAR 2012-11-12		REPORT TIME 13:45		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT OR <input type="checkbox"/> DUPLICATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	B OCCURRENCE DATE - MONTH - DAY - YEAR 2012-11-11		C OCCURRENCE TIME 15:32			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14		WATER LICENSE NUMBER (IF APPLICABLE) NWA 2 AM-MEA0815			
D	GEOGRAPHIC PLACE NAME, DISTANCE AND DIRECTION FROM NAMED LOCATION Meadowbank division			REGION TERRITORY <input checked="" type="checkbox"/> NUNAVUT CLAIMED BY JURISDICTION ON OCEAN		
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 15		LONGITUDE DEGREES 96 MINUTES 04 SECONDS 13			
F	RESPONSIBLE PARTY OR VESSEL NAME AEM		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION Baker Lake X0X 0A0			
G	ANY CONTRACTOR INVOLVED N/A		CONTRACTOR ADDRESS OR OFFICE LOCATION N/A			
H	PRODUCT SPILLED Stripping solution		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES App 500L		UN NUMBER N/A	
	SECOND PRODUCT SPILLED (IF APPLICABLE) N/A		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES N/A		UN NUMBER N/A	
I	SPILL SOURCE Barren solution box		SPILL CAUSE Electrical failure		AREA OF CONTAMINATION IN SQUARE METRES App 20	
J	FACTORS AFFECTING SPILL OR DISCOVERY N/A		DESCRIBE ANY ASSISTANCE REQUIRED N/A		HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT N/A	
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS TAKEN OR TO BE TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS Power failure at the Mill, the Barren solution box in the refinery overflowed. Because of gases from the stripping solution, the area was evacuate so nobody could start the sump pump that was in manual mode. The refinery flooded and the material seep from a garage door. A berm was erected at the doorstep to contain the seep and all the material got cleaned and send back in the process.					
L	REPORTED TO SPILL LINE BY Martin Theriault	POSITION Environment Sr tech	EMPLOYER AEM	LOCATION CALLING FROM Meadowbank	TELEPHONE 8677634610	
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environment Superint	EMPLOYER AEM	ALTERNATE CONTACT LOCATION Meadowbank	ALTERNATE TELEPHONE 8677634610	
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 (IEC, IICGG, IISWT, IICN, IIEA, IIRAG, IINER, IITO)			SIGNIFICANCE (MINOR, MAJOR, UNKNOWN)		FILE STATUS (OPEN, 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

A	REPORT DATE: MONTH – DAY – YEAR 2012-11-28		REPORT TIME 15:00		<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	OCCURRENCE DATE: MONTH – DAY – YEAR 2012-11-27		OCCURRENCE TIME 04:00			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) KIOL BL-14			WATER LICENCE NUMBER (IF APPLICABLE) NWA-2AM-MEA0815		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION MEADOWBANK MINE SITE				REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN	
E	LATITUDE DEGREES 65 MINUTES 01 SECONDS 34			LONGITUDE DEGREES 96 MINUTES 02 SECONDS 59		
F	RESPONSIBLE PARTY OR VESSEL NAME AGNICO-EAGLE MINES		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION BAKER LAKE X0X 0A0			
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED Hydraulic oil		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 150 liters		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
I	SPILL SOURCE Hydraulic line in haul truck		SPILL CAUSE Broken bracket bolts		AREA OF CONTAMINATION IN SQUARE METRES 30 m2	
J	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 Location was at Pattern 5081-273 in Pit B (Portage Pit) The mounting brackets bolts broke causing the hydraulic line going to the swing motor to come free. Absorbent pads were used to clean surface oil. Pads were brought to our Hazmat location and put in proper location. About 1,5 tons of rock was picked up and brought to our Contaminated Soil Storage/Landfarm. There was no off site impact or discharge to any receiving watercourses.					
L	REPORTED TO SPILL LINE BY Robin Allard	POSITION Environment Sr Tech	EMPLOYER Agnico-Eagle Mines	LOCATION CALLING FROM Meadowbank	TELEPHONE 8677634610	
M	ANY ALTERNATE CONTACT Kevin Buck	POSITION Environment Superint.	EMPLOYER Agnico-Eagle Mines	ALTERNATE CONTACT Meadowbank	ALTERNATE TELEPHONE 8677634610	
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						