



Canada

# NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

<b>A</b>	REPORT DATE: MONTH – DAY – YEAR <b>2016-01-25</b>	REPORT TIME <b>16:30</b>	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
<b>B</b>	OCCURRENCE DATE: MONTH – DAY – YEAR <b>2016-01-24</b>	OCCURRENCE TIME <b>18:00</b>			
<b>C</b>	LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KIOL-BL-14</b>	WATER LICENCE NUMBER (IF APPLICABLE) <b>NWB-2AM-MEA-1525</b>			
<b>D</b>	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>MEADOWBANK MINE SITE</b>		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
<b>E</b>	LATITUDE DEGREES <b>65</b> MINUTES <b>2</b> SECONDS <b>14</b>		LONGITUDE DEGREES <b>96</b> MINUTES <b>3</b> SECONDS <b>58</b>		
<b>F</b>	RESPONSIBLE PARTY OR VESSEL NAME <b>AGNICO EAGLE MINES LTD</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>BAKER LAKE X0X 0A0</b>			
<b>G</b>	ANY CONTRACTOR INVOLVED	CONTRACTOR ADDRESS OR OFFICE LOCATION			
<b>H</b>	PRODUCT SPILLED <b>DIESEL FUEL</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>150 LITERS</b>	U.N. NUMBER <b>1202</b>		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
<b>I</b>	SPILL SOURCE <b>ROLL-OFF TRUCK</b>	SPILL CAUSE <b>PUNCTURED TANK</b>	AREA OF CONTAMINATION IN SQUARE METRES <b>15 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  <b>The driver of the roll-off truck hit a rock when he was backing up and punctured the fuel tank. The spill was contained in the area. The contaminated soil was collected and brought to our landfarm area.</b>  <b>There were no off site impact or discharge to any receiving watercourses.</b>  <b>Spill location : Northing: 65°04'55" Easting: 95°59'31"</b>  <b>Contact information : Robin Allard 819-759-3555 ext. 6744</b>				
<b>L</b>	REPORTED TO SPILL LINE BY <b>ROBIN ALLARD</b>	POSITION <b>COORDINATOR</b>	EMPLOYER <b>Agnico Eagle Mines</b>	LOCATION CALLING FROM <b>MEADOWBANK</b>	TELEPHONE <b>8197593555</b>
<b>M</b>	ANY ALTERNATE CONTACT <b>KEVIN BUCK</b>	POSITION <b>SUPERINTENDENT</b>	EMPLOYER <b>Agnico Eagle Mines</b>	ALTERNATE CONTACT <b>MEADOWBANK</b>	ALTERNATE TELEPHONE <b>8197593555</b>
REPORT LINE USE ONLY					
<b>N</b>	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME	CONTACT TIME	REMARKS	
LEAD AGENCY					
FIRST SUPPORT AGENCY					
SECOND SUPPORT AGENCY					
THIRD SUPPORT AGENCY					