



Canada

## NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR <b>02-26-2017</b>		REPORT TIME <b>14:30</b>		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	B	OCCURRENCE DATE: MONTH – DAY – YEAR <b>02-25-2017</b>		OCCURRENCE TIME <b>16:00</b>		
C		LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KIOL-BL-14</b>		WATER LICENCE NUMBER (IF APPLICABLE) <b>NWB-2AM-MEA-1525</b>		
	D	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	
E		LATITUDE DEGREES <b>65</b> MINUTES <b>01</b> SECONDS <b>44</b>			LONGITUDE DEGREES <b>96</b> MINUTES <b>02</b> SECONDS <b>55</b>	
	F	RESPONSIBLE PARTY OR VESSEL NAME <b>AGNICO EAGLE MINES LTD</b>		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>BAKER LAKE X0C 0A0</b>		
G		ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION		
	H	PRODUCT SPILLED <b>Sewage</b>		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>130 L</b>	U.N. NUMBER <b>N/A</b>	
I		SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
	J	SPILL SOURCE <b>Sewage truck 08</b>		SPILL CAUSE <b>Hose Failure</b>		AREA OF CONTAMINATION IN SQUARE METRES <b>25 m2</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 <b>During the transfer of sewage from the sewage truck to the Sewage Treatment Plan (STP), the transfer hose broke, resulting in sewage spilled on the ground beside the STP.</b>  <b>All the contaminated material and snow have been excavated and picked up, then taken to the tailings storage facility for disposal. Follow-up report on the cleanup actions will be sent.</b>  <b>There was no off-site impacts or discharge to any receiving watercourses.</b> <b>Spill location : Northing: 65 01'20.4 Easting: 96 04'11.1</b>  <b>Contact information : Erika Voyer 819-759-3555 ext. 6980</b>				
M		REPORTED TO SPILL LINE BY <b>Erika Voyer</b>	POSITION <b>Gen. Supervisor</b>	EMPLOYER <b>Agnico Eagle Mines</b>	LOCATION CALLING FROM <b>MEADOWBANK</b>	TELEPHONE <b>8197593555</b>
	N	ANY ALTERNATE CONTACT <b>Robin Allard</b>	POSITION <b>SR COORDINATOR</b>	EMPLOYER <b>Agnico Eagle Mines</b>	ALTERNATE CONTACT <b>MEADOWBANK</b>	ALTERNATE TELEPHONE <b>8197593555</b>
REPORT LINE USE ONLY						
N	RECEIVED AT SPILL LINE BY	POSITION STATION OPERATOR	EMPLOYER	LOCATION CALLED YELLOWKNIFE, NT	REPORT LINE NUMBER (867) 920-8130	
	LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC			SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED
AGENCY		CONTACT NAME		CONTACT TIME		REMARKS
LEAD AGENCY						
FIRST SUPPORT AGENCY						
SECOND SUPPORT AGENCY						
THIRD SUPPORT AGENCY						