



Canada

## NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

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REPORT LINE USE ONLY

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| <b>A</b>   | REPORT DATE: MONTH – DAY – YEAR<br><b>08-04-2023</b>  | REPORT TIME<br><b>18:30</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>08-04-2023</b>  | OCCURRENCE TIME<br><b>4:00</b>   |   |  |   |
| <b>C</b>   | LAND USE PERMIT NUMBER (IF APPLICABLE)  |  | WATER LICENCE NUMBER (IF APPLICABLE)<br><b>2AM-WTP-1830</b>   |  |   |
| <b>D</b>   | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION<br><b>WHALE TAIL MINE</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>51</b>   |  | LONGITUDE<br>DEGREES <b>96</b> MINUTES <b>09</b> SECONDS <b>21</b>  |  |   |
| <b>F</b>   | RESPONSIBLE PARTY OR VESSEL NAME<br><b>AGNICO EAGLE MINES LTD</b>   | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION<br><b>BAKER LAKE X0C 0A0 PO.540</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>250L</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>HAUL TRUCK</b>   | SPILL CAUSE<br><b>EQUIPMENT FAILURE</b>  | AREA OF CONTAMINATION IN SQUARE METRES<br><b>13m2</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><br><b>During operations at the Whale Tail Mine, a haul truck experienced a hydraulic hose failure while dumping its load, resulting in the accidental spillage of 250L of hydraulic oil on the ground at the underground ore pad. Promptly responding to the incident, the operator swiftly shut down the equipment and called a mechanic to carry out the necessary repairs. To mitigate the environmental impact, spill pads were deployed to contain the oil, and the contaminated material will be collected and transported to the Whale Tail landfarm for proper handling and disposal.</b><br><br><b>Spill Location: N 65°24'22.54" W 96°41'18.24" on IOL</b><br><b>There were no off-site impacts or discharges. Distance to the closest water body is 960 m to Whale Tail Lake</b><br><b>Contact information: Samuel Tapp 819-759-3555 EXT.: 460-6744</b> |  |   |  |   |
| <b>L</b>   | REPORTED TO SPILL LINE BY<br><b>Samuel Tapp</b>   | POSITION<br><b>Env. Coordinator</b>  | EMPLOYER<br><b>Agnico Eagle Mines</b>   | LOCATION CALLING FROM<br><b>Meadowbank</b>         | TELEPHONE<br><b>819-759-3555</b>  |
| <b>M</b>   | ANY ALTERNATE CONTACT<br><b>Robin Allard</b>  | POSITION<br><b>Env. Gen. Supervisor</b>  | EMPLOYER<br><b>Agnico Eagle Mines</b>   | ALTERNATE CONTACT<br><b>Meadowbank</b><br>LOCATION | ALTERNATE TELEPHONE<br><b>819-860-1414</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   |   |  |   |  |   |