



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>November 13, 2007</b>	REPORT TIME <b>~10:30 AM</b>	<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 <b>November 11, 2007</b>	OCCURRENCE TIME <b>~19:00</b>			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) <b>KVCL 303 H 305 (KIA)</b>	WATER LICENCE NUMBER (IF APPLICABLE) <b>2BE-MEA0507</b>			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION <b>Between Meadowbank CAMP &amp; KMB6 (ROAD)</b>		REGION <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
E	LATITUDE DEGREES MINUTES SECONDS		LONGITUDE DEGREES MINUTES SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME <b>AGNICO-EAGLE</b>	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION <b>4014 QBC-15 BAKER LAKE NUNAVUT XOL 0A0</b>			
G	ANY CONTRACTOR INVOLVED <b>No</b>	CONTRACTOR ADDRESS OR OFFICE LOCATION			
H	PRODUCT SPILLED <b>Fuel</b>	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES <b>400 litres</b>	U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER		
I	SPILL SOURCE <b>DRUM</b>	SPILL CAUSE <b>CAP badly SCREWED ON</b>	AREA OF CONTAMINATION IN SQUARE METRES <b>???</b>		
J	FACTORS AFFECTING SPILL OR RECOVERY <b>No</b>	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  <b>2 x 45 gallons drums were transported from the end of the All Weather Access Road (A.WAR) km 86 to The MEADOWBANK CAMP. When they arrived, they saw that the cap had not been closed properly and the contents of the drums had been spilled on the way.</b>				
L	REPORTED TO SPILL LINE BY <b>JEAN-FRANÇOIS LAGUEUX</b>	POSITION <b>Project Engineer</b>	EMPLOYER <b>AEM</b>	LOCATION CALLING FROM <b>Meadowbank CAMP</b>	TELEPHONE <b>(604) 677-0684</b>
M	ANY ALTERNATE CONTACT <b>STÉPHANE ROBERT</b>	POSITION <b>ENV. COORD.</b>	EMPLOYER <b>AEM</b>	ALTERNATE CONTACT LOCATION <b>CADILLAC, QC</b>	ALTERNATE TELEPHONE <b>819-759-3700 XT814</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					