

To: The Nunavut Water Board  
Object: Spill contingency Plan

Date plan prepared: June 14<sup>th</sup> 2010  
Effective period: March 8<sup>th</sup> – 31<sup>st</sup> 2011 (date of planned field work)

## **MONITORING ARCTIC TEMPERATURE AND SNOW COVER TRENDS USING SATELLITE REMOTE SENSING**

The scientific project will be located near the summit of Barnes Ice Cap on Baffin Island. The camp will be at least 30 km from the closest water stream. Our research group plan on setting up a temporary camp near the summit plateau. The following fuel will be used only for generator and heating purposes: gasoline and kerosene. About 100L of gasoline will be necessary for our two week long project, and about 20L of kerosene. The gasoline will be contained in fuel drums whereas smaller sealed containers are to be used for the kerosene (drip pans will be available during fuel transfer). This document outlines the organization of the response, the plan for initial response, reporting procedures in the event of a spill, and spill kits maintained on site.

### ***Response Organization:***

In the event of a spill, the first person on site will immediately try to contain the spill, and immediately contact a team member to assist in any way. We will have a crew of 6 scientists, one of them being the chief scientist. It will be the chief scientist's responsibility to:

- evaluate the scale of the spill;
- proceed to cleaning with available on-site spill kit;
- report the spill according to NT-NU spill report procedure

### ***Initial Response Plan:***

The first person at the site will ensure safety of himself and those near the site. Next he will notify the chief scientist about the spill.

### ***Gasoline:***

If possible and safety permits, stop the flow and eliminate ignition sources. Gasoline forms vapors that can ignite and explode. No smoking is permitted when responding to a gasoline spill. Use particulate sorbent material to soak up the spill. All contaminated water, snow/ice, soils, clean up supplies, and absorbent materials will be stored in closed, labelled containers. The containers will be stored in ventilated areas away from incompatible materials. Electrically ground all containers and transporting equipment.

*Kerosene:*

If possible and safety permits, eliminate all ignition sources. All contaminated water, snow/ice, soils, clean up supplies, and absorbent materials will be stored in closed, labelled containers. The containers will be stored in ventilated areas away from incompatible materials. Electrically ground all containers and transporting equipment.

Reporting Procedure:

1. Fill out "**SPILL REPORT**" interactive .pdf form as completely as possible before making the report (in appendix).
2. When transiting back to Iqaluit at the end of the project, follow up by sending a copy of the spill Report to **FAX # (867) 873-6924**
3. The INAC's Manager of Field Operations will also be contacted upon our arrival in Iqaluit (Tel. 867 975-4295, Fax. 867 975-979-6445)

For each spill occurrence, a detailed report should be submitted to INAC Field Operations no later than thirty (30) days after initially reporting the event. This report should include the amount and type of spilled product, geographic coordinates, and the measures taken to contain and clean-up the spill site.

*Spill Kits:*

We will have one spill kit available in the field camp (8 gallon). Fuel will only be transferred by sealed air-pump at the camp itself. Spill kit details:

OILUP SORBENT Oil-Only Haz-Mat Spill Kit includes:

- 10 socks,
- Nitrile gloves,
- SilverShield® gloves,
- Goggles,
- two disposal bags,
- 20-gal. lab pack,
- Safety and Compliance Directory,
- Spill Response Guide and DOT label pkg.

Scientific contact and project manager:

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# 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](mailto:spills@gov.nt.ca)

REPORT LINE USE ONLY									
A	REPORT DATE: MONTH - DAY - YEAR				REPORT TIME		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT		REPORT NUMBER _____
	OCCURRENCE DATE: MONTH - DAY - YEAR				OCCURRENCE TIME				
C	LAND USE PERMIT NUMBER (IF APPLICABLE)				WATER LICENCE NUMBER (IF APPLICABLE)				
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION				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			RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION					
G	ANY CONTRACTOR INVOLVED			CONTRACTOR ADDRESS OR OFFICE LOCATION					
H	PRODUCT SPILLED			QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES			U.N. NUMBER		
	SECOND PRODUCT SPILLED (IF APPLICABLE)			QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES			U.N. NUMBER		
I	SPILL SOURCE			SPILL CAUSE			AREA OF CONTAMINATION IN SQUARE METRES		
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								
L	REPORTED TO SPILL LINE BY		POSITION		EMPLOYER		LOCATION CALLING FROM		TELEPHONE
M	ANY ALTERNATE CONTACT		POSITION		EMPLOYER		ALTERNATE CONTACT LOCATION		ALTERNATE TELEPHONE
REPORT LINE USE ONLY									
N	RECEIVED AT SPILL LINE BY		POSITION STATION OPERATOR		EMPLOYER		LOCATION CALLED YELLOWKNIFE, NT		REPORT LINE NUMBER (867) 920-6130
LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> OCG <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									