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Manovent

SPILL REPORT

(Oil, Gas, Hazardous Chemicals or Other Materials)

24-Hour Report Line
 Phone: (800) 920-8151
 Fax: (800) 873-8822

A Report date and time Aug 01/02 4:15pm	B Date and time of spill or ending Aug 01/02 4 pm	C Original Report ☒ Original Report ☐ Update no. _____ Date: _____	Spill ID: _____ 450
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D Location and map coordinates (if known) and direction of moving
 Qikiqtarjuaq Gasbar

E Spill responsible for spill
 LEELE Enterprise

F Product(s) spilled and estimated quantities (provide metric volume/weights if possible)
 80-25 litres

G Cause of Spill
 Automatic Nozzle did not shut off in time.

H Is spill terminated? ☒ Yes	I If spill is continuing, give estimated rate N/A	J Is further spillage expected? ☒ No	K Extent of contaminated area (in sq. m, acres, hectares, etc.) a few feet behind gasbar
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L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)
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M Containment (containment equipment, dikes, etc.)
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N Action, if any, taken or proposed to contain, recover, clean up or eliminate of products and contaminated materials
 Manual Shut off of nozzle immediate
 Absorbencies put down immediately to absorb spill
 Proper disposal of absorbencies

O Do you require assistance?
☒ Yes, describe: _____
☐ No

P Comments and/or recommendations
 Nozzle tip too short for automatic shut off before fuel reaches top of gasbar and spills or overruns.
 Drivers instructed not to fill tank to capacity under any circumstances nor depend on nozzle shut off.
 Back-up driver to be accompanied with another helper prior to dispensing to ensure two workers on site to prevent further incidences.

Reported by TA Mikiwak	Position, Employer, Location Manager Leele Enterprise	Telephone 807-927-8002
Reported to Spill Line/Renewable Resources / APD	Position, Employer, Location ?	Telephone ?

INTERNAL	
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