

Spill No. _____ Spill Location: _____ Spill Date: _____

Well Licence #: _____ GPS Co-ord (NAD 83): Northing: _____ Easting: _____

Operating Company: _____

Reported By: _____ Date Reported: _____

Fluid Type (m3): Oil _____ Water _____ Other _____

Fluid Volumes (m3): Spilled: _____ Recovered: _____ Lost: _____

Spill Source: _____ Spill Cause: _____

Battery Operating Permit No.: _____ Flow Line License: _____ Segment No.: _____

Area Affected: _____ m2 Spill Off Lease: _____

Sketch of Spill Area
(indicate approximate distances):

Landowner/Occupant: _____

Address: _____

Date Notified: _____



Action Taken By Company To:

- a. Control Spill: _____
Date Completed: _____
- b. Clean Up Spill Area: _____
Date Completed: _____
- c. Disposition of Spill Fluids and Contaminated Material: _____
Date Completed: _____
- d. Prevent Recurrence of Spill: _____
Date Completed: _____
- e. Immediate Rehabilitation: _____
Date Completed: _____

Name of Person Completing Report: _____ Position in Company: _____

Date Form Completed: _____

For Department Use Only (DO NOT USE THIS AREA):

Spill Identification Level: 1 2 3

Inspected By: _____ Initial Inspection Date: _____

Final Inspection Date: _____ Follow Up Required: _____

Approved Date: _____ Health Unit Notified: _____

Enter Into Rehab. Program: YES / NO Rehab. No.: _____

Remarks: _____