



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):

<p>Comment: _____</p> <div style="text-align: center; margin: 20px 0;"> </div>	<p>Landowner/Occupant: _____</p> <p>Address: _____</p> <p>Date Notified: _____</p>
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**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: \_\_\_\_\_