



National Oil Spill Detection & Response Agency

FORM A

OIL SPILL/LEAK NOTIFICATION REPORT

This report must be submitted within 24 hours of Spill Incidence

1.GENERAL INFORMATION:					
i. Company Name:					
ii. Incident Details:-		Date of Incidence (dd/mm/yy)	Time of Incidence (24h standard/daylight) hrs to hrs	Date of Observation (dd/mm/yy)	Time of Observation (24h standard/daylight) hrs to hrs
iii. Spill Reference No:					
Survey By: Foot/Boat / Helicopter / Overlook /			Sun / Clouds / Fog / Rain / Snow / Windy		
Level of Impact: <input type="checkbox"/> No Impact <input type="checkbox"/> Slight Impact <input type="checkbox"/> Heavy Impact					
Estimated quantity spilled:					
2. Site Details					
i. Site Name:		OML:			
ii. GPS FIELD POINTS Total Length _____m Length Surveyed _____m Differential GPS Yes/No					
Spill Start Point GPS: EASTINGS _____meters NORTHINGS _____meters					
Spill End Point GPS: EASTINGS _____meters NORTHINGS _____meters					
iii. Site area					
<input type="checkbox"/> Land Swamp <input type="checkbox"/> Freshwater <input type="checkbox"/> Mangrove <input type="checkbox"/> Coastline <input type="checkbox"/> Near Shore					
<input type="checkbox"/> Offshore <input type="checkbox"/> Others (Specify).....					
iv. Containment Measures in Place					
<input type="checkbox"/> Boom <input type="checkbox"/> Trenches <input type="checkbox"/> Bund wall <input type="checkbox"/> Sorbents <input type="checkbox"/> Others (Specify).....					
v. Type of Contaminant					
<input type="checkbox"/> Crude Oil <input type="checkbox"/> Condensate <input type="checkbox"/> Chemicals <input type="checkbox"/> Refined Products <input type="checkbox"/> Others (Specify).....					
vi. Facility					
<input type="checkbox"/> Pipeline <input type="checkbox"/> Flow line <input type="checkbox"/> Wellhead <input type="checkbox"/> Manifold <input type="checkbox"/> Flow Station <input type="checkbox"/> Rig					
<input type="checkbox"/> Storage Tank <input type="checkbox"/> Compressor Plant <input type="checkbox"/> Others(Specify).....					
vii. Properties at Risk					
<input type="checkbox"/> Farmland <input type="checkbox"/> Fish Pond <input type="checkbox"/> Vegetation <input type="checkbox"/> Fishing Net <input type="checkbox"/> Surface water					
<input type="checkbox"/> Venerable Objects <input type="checkbox"/> Others (Specify).....					
3. SURVEY TEAM NO Name Organization Phone Numbers					
REPORTING OFFICER:					
DESIGNATION:					
SIGNATURE: DATE:					
*RBA Report must be submitted within 24 Hours of the Spill Incidence.					



National Oil Spill Detection & Response Agency

FORM B

RISK BASED ASSESSMENT OF OIL SPILL INCIDENCE (RBA)

Note: This report must be submitted within 2 weeks of Spill Incidence

1.GENERAL INFORMATION:			
i. Company Name:			
ii. Date of Assessment:			
iii. Incident Details:	Date of Incidence (dd/mm/yy)	Date spill was stopped	Method Used <input type="checkbox"/> Clamping <input type="checkbox"/> Well Shut-in <input type="checkbox"/> Valve Shut-in <input type="checkbox"/> F/Station Shut down <input type="checkbox"/> Others (specify).....
iv. Estimated quantity spilled:			
v. Estimated quantity recovered:			
vi. Cause of Spill <input type="checkbox"/> Corrosion <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Third Party Interference <input type="checkbox"/> Accident <input type="checkbox"/> Operational Error <input type="checkbox"/> Others (specify).....			
2. Site Details			
i. Site Name:		OML:	
ii. GPS FIELD POINTS Total Length _____m Length Surveyed _____m Differential GPS Yes/No Spill Start Point GPS: EASTINGS _____meters NOTHINGS _____meters Spill End Point GPS: EASTINGS _____meters NOTHINGS _____meters			
iii. Site area <input type="checkbox"/> Land Swamp <input type="checkbox"/> Freshwater <input type="checkbox"/> Mangrove <input type="checkbox"/> Coastline <input type="checkbox"/> Near Shore <input type="checkbox"/> Offshore <input type="checkbox"/> Others (Specify).....			
iv. Facility <input type="checkbox"/> Pipeline <input type="checkbox"/> Flow line <input type="checkbox"/> Wellhead <input type="checkbox"/> Manifold <input type="checkbox"/> Flow Station <input type="checkbox"/> Rig <input type="checkbox"/> Storage Tank <input type="checkbox"/> Compressor Plant <input type="checkbox"/> Others(Specify).....			
v. Site Characterization			
a. Sea Conditions <input type="checkbox"/> Calm <input type="checkbox"/> Rough <input type="checkbox"/> Not Applicable <input type="checkbox"/> Low Tide <input type="checkbox"/> High Tide Current direction: Swell Height: Current Strength:			
b. Weather Conditions <input type="checkbox"/> Bright Sunny <input type="checkbox"/> Party Cloudy <input type="checkbox"/> Slight rain <input type="checkbox"/> Others (Specify)..... Temperature: Wind Direction: Wind Speed: Relative Humidity:			
vi. Visual Observation of Impacted area			
(i) Any oil sheen on water	Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/>
(ii) Any oil sheen on water	Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/>
(iii) Any oil sheen on water	Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/>
(iv) Any oil sheen on water	Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/>
(v) Any oil sheen on water	Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A <input type="checkbox"/>

Receptor Assessment

Receptor	Pathway to Impacted Area(m ²)	Distance to Impacted Area(m ²)	Estimated Area of Impact Area(m ²)	Receptor Impacted (Yes/No)	Remarks
Farmland					
Fish Pond					
Vegetation					
Surface Water					
Ground Water					
Venerable Object					
Human Habitation					
Livestock					
Plantation					
Swamp					

vii. Any Casualties Yes No

If yes, give details.....

viii. Clean-up Program details

- a. Method of clean-up.....
 b. Time frame for clean-up.....

ix. General Remarks

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REPORTING OFFICER:

DESIGNATION:

SIGNATURE: DATE:

**Clean-up program report must be submitted within 2 weeks of spill incidence.*



National Oil Spill Detection & Response Agency

FORM C

SITE CLEAN-UP/REMEDIATION ASSESSMENT REPORT

1. GENERAL INFORMATION:	
i. Company Name:	
ii. Date of Assessment:	
2. Site Details	
i. Site Name:	OML:
ii. Date/Time of Incident:	
iii. Area and Depth of Impact:	
iv. GPS FIELD POINTS Total Length _____m Length Surveyed _____m Differential GPS Yes/No Spill Start Point GPS: EASTINGS _____meters NOTHINGS _____meters Spill End Point GPS: EASTINGS _____meters NOTHINGS _____meters	
v. Contaminated Media <input type="checkbox"/> Vegetation <input type="checkbox"/> Soil <input type="checkbox"/> Sediment <input type="checkbox"/> Inland Surface Water <input type="checkbox"/> Brackish Swamp Surface Water <input type="checkbox"/> Off shore Surface Water <input type="checkbox"/> Underground Water <input type="checkbox"/> Others (Specify).....	
3. (i) Date Clean-up Programme Comenced:	
(ii) Method of Clean-Up <input type="checkbox"/> Low Pressure Wash <input type="checkbox"/> Manual <input type="checkbox"/> Mechanical <input type="checkbox"/> Surface Wash <input type="checkbox"/> Sorbents <input type="checkbox"/> Chemical Dispersant <input type="checkbox"/> Vacuum Skimming <input type="checkbox"/> Others(Specify).....	
(iii) Estimated quantity of oil / containment recovered.....	
(iv) Method of Debris Disposal <input type="checkbox"/> Controlled Incineration <input type="checkbox"/> Buried in lined pit <input type="checkbox"/> Chemical Treatment <input type="checkbox"/> Sanitary Landfill <input type="checkbox"/> Land farming <input type="checkbox"/> Others (Specify).....	
4. Site Visual Observation	
(i) Nature of Soil <input type="checkbox"/> Show Heavy Impact <input type="checkbox"/> Medium Impact <input type="checkbox"/> Minimal Impact <input type="checkbox"/> Others.....	
(ii) Nature of Surface Water <input type="checkbox"/> Oil Sheen Present <input type="checkbox"/> No Oil Sheen Present <input type="checkbox"/> Others (Specify).....	
(iii) Nature of Vegetation <input type="checkbox"/> Withered <input type="checkbox"/> Withering <input type="checkbox"/> Luxuriant	
(iv) Site Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	
(v) Date Site clean-up ended.....	
(vi) Sample collected after the clean-up program <input type="checkbox"/> Soil <input type="checkbox"/> Sediment <input type="checkbox"/> Water <input type="checkbox"/> Others (Specify).....	

5. Result of Laboratory Analysis of Samples collected Pre/Post Remediation				
Parameter	Sample	Test Method	Result	
			Pre-Remd.	Post Remd.
TPH				
BTEX				
Trace Metals			Pre-Remd.	Post Remd.
Arsenic				
Barium				
Cadmium				
Chromium				
Copper				
Mercury				
Lead				
Nickel				
Zinc				
Total Dissolved				
Total suspended Solids				

6. Does Site require remediation Yes No

If yes,

(i) Date Site remediation commenced.....

(ii) **Method of Remediation**

Land farming Biopile Bio venting Air Sparging Chemical Oxidation

Washing/Leaching Phyto remediation Enhanced Natural Attenuation

Monitored Enhanced Natural Attenuation Thermal Desorption Others (specify).....

(iii) Is remediation method in situ or ex situ?

(iv) Details of remedial method (attached as an annex)

7. Details of rehabilitation plan for impacted population (attached as an annex)

8. Cost of Spill

a. Clean-up cost:-.....

b. Clean-up remediation:-.....

c. Cost of Repair works:

d. Naira loss due to oil Spilled:

e. Lost Man Hours:

Total.....

9. Compensation paid, if any:

10. Method of Settlement of Claim

- Arbitration/Mediation Direct negotiation between Landlord and operator
 Court Settlement Not Applicable Others (specify).....

11. Date/Time of Visit by Regulations:

12. Remarks by any Third Party

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13. General Remarks

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14. NOTE: Officials of NOSDRA must be present when samples are collected, and when analyses begin.

REPORTING OFFICER:

DESIGNATION:

SIGNATURE:

DATE: