



**NATIONAL OIL SPILL DETECTION AND RESPONSE AGENCY**  
**JOINT INVESTIGATION VISIT (JIV) FORM**

*Note: This JIV Form is to be completed and signed by all participating parties in the field*

1. **Company:** .....
2. **Type of Complaint/Incident:**
  - Oil Pollution     Fire/Explosion     Drilling Mud/Chemical Pollution
  - Others (Specify).....
3. **Incident Details**
  - i. Date of Incident: ..... ii. Date first reported:.....
  - iii. Date of first investigation:.....
  - iv. Date of follow-up investigation:.....
  - v. Time investigation started:.....
  - vi. Estimated quantity spilled:.....
4. **Site Details**
  - i. Site/Location:.....
  - ii. Position of Spill/Leak:.....
  - iii. **Spill area**
    - Land     Swamp     Freshwater     Mangrove     Coastline
    - Near shore     Offshore     Others (specify).....
  - iv. **Structural Controls in Place**
    - Boom     Trenches     Bund wall     Sorbents     Others (specify).....
5. **Circumstances Around Spill Point**
  - i. **Visual observation of Hole Position**
    - 12 O' Clock     10 O' Clock     2 O' Clock     3 O' Clock
    - 4 O' Clock     5 O' Clock     6 O' Clock
  - ii. **Type of Oil contaminant**
    - Crude Oil     Condensate     Chemicals     Refined Products
    - Others (specify) .....
  - iii. **Facility**
    - Pipeline     Flow line     Wellhead     Manifold     Flow Station     Rig
    - Storage Tank     Compressor Plant     Others (specify).....
  - iv. **Cause Of Spill**
    - Corrosion     Equipment Failure     Third Party Interference     Accident
    - Operational Error     Others (specify).....
  - v. **Visible Sign of Third Party Interference**
    - Hacksaw Marks     Drilled Holes     Blasting     Theft     Acid
    - Others (specify).....

**6. Impact of Incident**

**i Properties impacted by the incident**

- Farmland    Fish Pond    Vegetation    Fishing Net    Surface water  
Venerable Objects    Others (specify).....

**ii. Nature of impact**

- Oil stained vegetation    Oil stained fishing nets    Dead floating fishes  
Dead floating crabs    Withering of vegetation    Others.....

**iii. Delineation of impacted area**

- Within Company's facility/ROW    Outside Company's facility/ROW

**7. Extent of Impact**

**a) Community (indicate name)**

- i. ....  
 ii. ....  
 iii. ....  
 iv. ....

**b) Land (indicate area in m<sup>2</sup>)**

- i. ....  
 ii. ....  
 iii. ....  
 iv. ....

**b) Creeks/Creek lets**

- Tidal    Non-tidal

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK

**c) Swamp**

- Tidal    Non-tidal

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK

**d) River**

- Tidal    Non-tidal

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK

**e) Shoreline/water**

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK

8. **Photograph/Map/Chart Ref.**

Still photographs     Video coverage     Mapping

9. **Samples taken** .....

10. **Investigation carried out by**

Foot     Boat     Aircraft

11. **Remarks/Recommendation** .....

.....  
.....

12. **Time investigation ended** .....

13. **Name and Signature of Participants**

❖ **NOSDRA**

- 1.
- 2.
- 3.

❖ **DPR**

- 1.
- 2.
- 3.

❖ **STATE MINISTRY OF ENVIRONMENT**

- 1.
- 2.
- 3.

❖ **LOCAL GOVERNMENT COUNCIL**

- 1.
- 2.
- 3.

❖ **COMPANY**

- 1.
- 2.
- 3.

❖ **COMMUNITY**

- 1.
- 2.
- 3.

