



National Oil Spill Detection and Response Agency

FORM A

OIL SPILL NOTIFICATION REPORT

This report must be submitted within 24 hours of Spill Incidence

Section 1 – Site Organization		Mandatory Information Required		
Company Name				
Reporting Officer				
Designation				
Phone Number				
Email Address				
Incident Number				
Section 2 – Location				
State/ LGA				
Coordinates of spill				
		<input type="checkbox"/> Inland <input type="checkbox"/> River <input type="checkbox"/> Mangrove <input type="checkbox"/> Shoreline <input type="checkbox"/> Port <input type="checkbox"/> Harbour <input type="checkbox"/> Offshore <input type="checkbox"/> Subsea <input type="checkbox"/> Swamp Area <input type="checkbox"/> Others		
Depth of Water (if applicable)				
Section 3 – Spill Details				
Date and Time of spill		DD : MM : YYYY		
Source of spill – Facility		TRANSPORTATION FACILITIES		
		<input type="checkbox"/> Ocean Tanker/Ship <input type="checkbox"/> Tank Truck <input type="checkbox"/> Barge <input type="checkbox"/> Tanker Vessel <input type="checkbox"/> Pipeline		
		PIPELINE (Specify pipeline diameter.....)		
		<input type="checkbox"/> Trunkline <input type="checkbox"/> Flowline <input type="checkbox"/> Bulkline <input type="checkbox"/> Delivery line <input type="checkbox"/> Export line <input type="checkbox"/> Gas Line		
		STORAGE TANKS		
		<input type="checkbox"/> Underground Storage Tanks <input type="checkbox"/> Above-Ground Storage Tanks <input type="checkbox"/> Others (specify).....		
		PRODUCTION FACILITIES		
		<input type="checkbox"/> Well head <input type="checkbox"/> Manifold <input type="checkbox"/> Flow station <input type="checkbox"/> Oil Rig <input type="checkbox"/> Compressor Plant <input type="checkbox"/> FPSO <input type="checkbox"/> Refinery <input type="checkbox"/> Others.....		
Cause of spill				
Status of spill		<input type="checkbox"/> Contained <input type="checkbox"/> Not Contained <input type="checkbox"/> Unknown		
Containment Measures in Place		<input type="checkbox"/> Boom <input type="checkbox"/> Skimmer <input type="checkbox"/> Trenches <input type="checkbox"/> Bund wall <input type="checkbox"/> Sorbent <input type="checkbox"/> Others (specify).....		
Product Data			<input type="checkbox"/> Persistent	<input type="checkbox"/> Non Persistent
	Product Name/Type			
	SG/API Gravity			
	Pour Point			
	Wax Content			
	Asphaltene			
	Sulphur Content			
Viscosity				

Oil observation	Slick location(s)			
	Slick Dimension(s)			
	Orientation of slick(s)			
	Distribution of oil			
	Obvious odour			
Oil descriptions	Tarballs (tb)			
	Convergence line (co)			
	No structure (ns)			
	Windrows (wr)			
	Streamers (st)			
	Patches (pa)			
Oil color and appearance	Silver/grey			
	Rainbow			
	Metallic			
	Transitional			
	Dark			
	Mousse			
Surveillance Method		<input type="checkbox"/> UAV (Drone) <input type="checkbox"/> Satellite imagery <input type="checkbox"/> Aircraft <input type="checkbox"/> Boat <input type="checkbox"/> On site <input type="checkbox"/> Others.....		
Section 4 - Approximate Duration				
Release Rate	Instantaneous Release		Continuous Release	
			Per hour	<input type="checkbox"/> Hours <input type="checkbox"/> Days
Description of observed spill	Estimated Quantity (bbl)	BARRELS		
	Coverage			
	Direction of travel			
Section 5 - Weather				
METEOROLOGICAL DATA				NIMET weather forecast
Wind Direction (wind direction given from)				
Initial Wind Speed				
Air Temperature (°C or °F)				
Visibility Estimate	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
OCEANOGRAPHIC DATA				
Water Current Speed				
Tide Phase: Flood	High <input type="checkbox"/>		Ebb <input type="checkbox"/>	
Water Temperature (°C or °F)				
High Tide Time				
Source				
Section 6 – Pre-Entry Activities				
Mechanical cleaning	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Recovery of free phase oil	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Booming	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Wild life rehabilitation	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Dispersant application	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Section 7 – Oil Spill Model Request				
Spill Trajectory	Surface 2D	Sub-surface 3D	Not at this time	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Modeling?			
Additional information (please use start date and time)			

Section 8– Equipment	
On Site	

REPORTING OFFICER:

DESIGNATION:
.....

SIGNATURE: **DATE:**

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