



National Oil Spill Detection and Response Agency

FORM B

RISK BASED ASSESSMENT OF OIL SPILL INCIDENCE (RBA)

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

Section 1 – Site Organization		Mandatory Information Required	
Company Name			
Reporting Officer			
Phone Number			
Email Address			
Incident Number			
Incident Date		DD : MM : YYYY	
Spill Stopped Date			
Section 2 – Location			
Facility Address			
State/ LGA			
Location OML:		GPS Coordinate	N DD : MM : SS E DD : MM : SS
Section 3 – Spill Details			
Date and Time of site assessment			
Cause of spill	Company	Third Party Interference	Others
	<input type="checkbox"/> Corrosion <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Operational/ Maintenance Error <input type="checkbox"/> Bund wall overflow	<input type="checkbox"/> Vandalization <input type="checkbox"/> Oil Theft <input type="checkbox"/> Illegal Refining <input type="checkbox"/> Others	<input type="checkbox"/> Accident <input type="checkbox"/> Mystery
Estimated Quantity Spilled (bbl)	BARRELS		
Estimated Quantity Recovered	BARRELS		
Control Measures	<input type="checkbox"/> Clamping <input type="checkbox"/> Well Shut-in <input type="checkbox"/> Valve Shut-in <input type="checkbox"/> Flow Station Shut Down <input type="checkbox"/> Others (specify).....		
Source of spill – Facility	TRANSPORTATION FACILITIES		
	<input type="checkbox"/> Ocean Tankers <input type="checkbox"/> Tank Trucks <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"/> Others (specify).....	
Section 4 – Basic Types of Oil			
Very Light Oil		<input type="checkbox"/> Jet oil or Gasoline	
Light Oil		<input type="checkbox"/> Diesel <input type="checkbox"/> No. 2 fuel oil <input type="checkbox"/> Light crude	
Medium Oil			
Heavy Oil		<input type="checkbox"/> Heavy crude oil <input type="checkbox"/> Bunker C <input type="checkbox"/> No.6 Fuel oil	
Section 5 - Site Characterization			
Land Use			
Topography		<input type="checkbox"/> Sand beach <input type="checkbox"/> Dock <input type="checkbox"/> Shoreline <input type="checkbox"/> Swamp <input type="checkbox"/> Others (specify).....	
Surficial Geology		Soil type <input type="checkbox"/> Sandy <input type="checkbox"/> Clay <input type="checkbox"/> Silt <input type="checkbox"/> Loam <input type="checkbox"/> Peat	
		Soil Texture <input type="checkbox"/> Very Fine <input type="checkbox"/> Fine <input type="checkbox"/> Medium <input type="checkbox"/> Coarse <input type="checkbox"/> Very Coarse	
		Soil Structure <input type="checkbox"/> Granular <input type="checkbox"/> Blocky <input type="checkbox"/> Prismatic	
		Soil Permeability <input type="checkbox"/> Slow <input type="checkbox"/> Moderate <input type="checkbox"/> Rapid <input type="checkbox"/> Permeable <input type="checkbox"/> Semi Permeable <input type="checkbox"/> Impermeable	
		<input type="checkbox"/> Potential preference pathway for ground water flow <input type="checkbox"/> Potential preferences pathway to ground water	
Surrounding Population		<input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Shoreline <input type="checkbox"/> Rural <input type="checkbox"/> Unpopulated <input type="checkbox"/> Others (specify).....	
Section 6 - Weather			
	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	
	Weather Conditions	<input type="checkbox"/> Bright Sunny <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Slight Rain <input type="checkbox"/> Others (specify).....	
	Temperature		
	Wind Direction		
	Wind Speed		
	Relative Humidity		

Section 7 – Receptor Assessment					
Sensitive Receptor	Pathway 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					
Wild Life					
Livestock					
Plantation					
Swamp					

GENERAL REMARK (to include visual observations on impacted area)

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REPORTING OFFICER:

DESIGNATION:

SIGNATURE:

DATE:

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