



National Oil Spill Detection and Response Agency

FORM C

SITE CLEAN-UP/REMEDIATION ASSESSMENT REPORT

Section 1 - Site Organization		Mandatory Information Required			
Company Name					
Incident Date		DD : MM : YYYY			
Incident Number					
Date of Assessment		DD : MM : YYYY			
Section 2 - Site Details					
Site name/Spill Incidence Description					
Area and Depth of impact	Area		Depth (Metres)		
State/ LGA					
Impacted Ecosystem		<input type="checkbox"/> Vegetation <input type="checkbox"/> Soil <input type="checkbox"/> Sediment <input type="checkbox"/> Inland Surface Water <input type="checkbox"/> Brackish Surface Water <input type="checkbox"/> Offshore Surface Water <input type="checkbox"/> Underground Water <input type="checkbox"/> Others (specify).....			
Location OML:		GPS Coordinate	N: DD MM SS	E: DD MM SS	
Section 3 - Cleanup Details					
Remediation Technology					
Oily Waste/Sludge Generated	Source Reduction <input type="checkbox"/>	Recycling/Reuse <input type="checkbox"/>	Treatment <input type="checkbox"/>	Disposal <input type="checkbox"/>	
	Quantity Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pre Remediation Sampling	Number of Samples				
	Type of Sample(s)				
Date Clean-up Programme commenced		DD : MM : YYYY			
Cleanup Method employed		<input type="checkbox"/> Low Pressure wash <input type="checkbox"/> Manual <input type="checkbox"/> Mechanical <input type="checkbox"/> Sorbent <input type="checkbox"/> Surface Wash <input type="checkbox"/> Chemicals <input type="checkbox"/> Dispersant <input type="checkbox"/> Vacuum Skimmer <input type="checkbox"/> Others (specify).....			
Estimated Spilled Quantity	BARRELS	Estimated Recovered Quantity	BARRELS		
Section 4 - Documentations					
Post Clean-up Monitoring		<input type="checkbox"/> Yes (Date of inspection) DD : MM : YYYY <input type="checkbox"/> No			
Post Spill Inspection Assessment		<input type="checkbox"/> Yes (Date of Assessment) DD : MM : YYYY <input type="checkbox"/> No			
Damage Assessment		<input type="checkbox"/> Yes (Date of Assessment) DD : MM : YYYY <input type="checkbox"/> No			
Shoreline Clean-up and Assessment Technique (SCAT)		<input type="checkbox"/> Yes (Date of Assessment) DD : MM : YYYY <input type="checkbox"/> No			

Section 5 - Remediation	
Size of Remediated Area	
Additive(s) Used	
Parameter of Concern	Values
Residual TPH	
PAH	
BTEX	
DO	
VOCs	
Air Quality	
Microbial Community	

Section 6 - Post Remediation Sampling		
Sampling Details	Number of Samples	
	Type of Samples	
	Parameter of Concern	Values
	Residual TPH	
	PAH	
	BTEX	
	DO	
	VOCs	
	Air Quality	
Microbial Community		

Section 7 - Settlement	
Decontamination Capacity	<input type="checkbox"/> Personnel <input type="checkbox"/> Vessel <input type="checkbox"/> Equipments

Section 8 - Settlement	
Risked factors	<input type="checkbox"/> Loss of Habitat <input type="checkbox"/> Wildlife <input type="checkbox"/> Fisheries <input type="checkbox"/> Others (specify).....

GENERAL REMARK (to include third party comments)

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REPORTING OFFICER:

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DESIGNATION:

.....

SIGNATURE:

DATE...

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

- Indicate your consent to the processing of your personal data by NOSDRA.
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