



Spill Report Form

Date and Time of Spill

Date _____ Time _____ Area _____

Person Discovering the Spill

NAME _____ POSITION _____

Spill Site Description

Location _____ Lat. _____ Long. _____

RECREATIONAL BOAT BARGE VALVE PIPELINE

STORAGE TANK DRUM VEHICLE OTHER

DETAILS _____

Circumstances (Attach sketch or details, if possible.)

ROAD ACCIDENT FIRE / EXPLOSION INJURIES

FUEL TRANSFER EQUIPMENT LOSS/FAILURE OTHER

Material Spilled

TYPE _____ ESTIMATED VOLUME _____ (litres) SLICK SIZE _____(m) by _____ (m)

IS DISCHARGE CONTINUING? Yes No

AFFECTED AREA (E.G., RIVER, LAKE, MARINE, LAND, AIR)

Environmental Conditions

WEATHER CLEAR CLOUDY RAINING SNOWING

WIND DIRECTION _____ SPEED _____ (kph)

WATER CALM CHOPPY ROUGH STRONG CURRENT

Persons Advised

Yuutu?it?ath PERSONNEL _____

GOVERNMENT AGENCIES _____

BC MINISTRY OF _____

Date and Time



ENVIRONMENT _____
COAST GUARD _____
ENVIRONMENT CANADA _____
FISHERIES AND OCEANS _____

Assistance Required

MEDICAL FIRE TRUCK VACUUM TRUCK PICKUP TRUCK OTHER

Cleanup

ACTIONS TAKEN

DATE & TIME STARTED _____ DATE & TIME COMPLETED _____

SIGNATURE _____

DATE _____