



National Oil Spill Detection & Response Agency

FORM A

OIL SPILL/LEAK NOTIFICATION REPORT

This report must be submitted within 24 hours of Spill Incidence

1. GENERAL INFORMATION:				
i. Company Name:		NNPC / PPMC		
ii. Incident Details:-		Date of Incidence (dd/mm/yy)	Time of Incidence (24h standard/daylight)	Date of Observation (dd/mm/yy)
iii. Spill Reference No:				
PPMC/MAO/HSE/200-6116/01/14			hrs to hrs	16/01/14 0800 hrs to 0900 hrs
Survey By: Foot/Boat / Helicopter / Overlook /		Sun Clouds / Fog / Rain / Snow / Windy		
Level of Impact:		☐ No Impact ☒ Slight Impact ☐ Heavy Impact		
Estimated quantity spilled:		Let to be determined		
2. Site Details				
i. Site Name:		WAREWA; ATC-MOS Pipeline OML:		
ii. GPS FIELD POINTS Total Length _____ m		Length Surveyed _____ m		Differential GPS Yes/No
Spill Start Point GPS: EASTINGS _____ meters		NOTHINGS _____ meters		
Spill End Point GPS: EASTINGS _____ meters		NOTHINGS _____ meters		
iii. Site area				
☒ Land Swamp ☐ Freshwater ☐ Mangrove ☐ Coastline ☐ Near Shore				
☐ Offshore ☐ Others (Specify).....				
iv. Containment Measures in Place				
☐ Boom ☐ Trenches ☐ Bund wall ☒ Sorbents ☐ Others (Specify).....				
v. Type of Contaminant				
☐ Crude Oil ☐ Condensate ☐ Chemicals ☒ Refined Products ☐ Others (Specify).....				
vi. Facility				
☒ Pipeline ☐ Flow line ☐ Wellhead ☐ Manifold ☐ Flow Station ☐ Rig				
☐ Storage Tank ☐ Compressor Plant ☐ Others(Specify).....				
vii. Properties at Risk				
☐ Farmland ☐ Fish Pond ☒ Vegetation ☐ Fishing Net ☒ Surface water				
☐ Venerable Objects ☐ Others (Specify).....				
3. SURVEY TEAM NO Name Organization Phone Numbers				
(1)	BASHIR, A. A.		0803 312 9205	
(2)	OKPCKIRI, V.		0802 793 6072	
REPORTING OFFICER: BASHIR, A. A.				
DESIGNATION: SUPV HSE, MOSIMI				
SIGNATURE: [Signature]				
DATE: 22/01/2014				
*RBA Report must be submitted within 24 Hours of the Spill Incidence.				

CC: Area Manager, Mosimi.