



NATIONAL OIL SPILL DETECTION AND RESPONSE AGENCY
JOINT INVESTIGATION VISIT (JIV) FORM

Note: This JIV Form is to be completed and signed by all participating parties in the field

1. Company: Heritage Energy Operational Services Co.

2. Type of Complaint/Incident:

- ☐ Oil Pollution ☐ Fire/Explosion ☐ Drilling Mud/Chemical Pollution
☒ Others (Specify): Asset Damage

3. Incident Details

- i. Date of Incident: 20.1.03.../19... ii. Date first reported: 20.1.03.../19...
iii. Date of first investigation: 21.1.03.../19... iv. Spill Incident No.: HEO2/209/086
v. Date of follow-up investigation: 22.1.03.../19...
vi. Time investigation started: 10:00am
vii. Estimated quantity spilled(bbls): N/A viii. Quantity Recovered: N/A

4. Site Details

i. Site/Location: 28" TRANS FORDOS PIPELINE AT OTECHILE

ii. State: DELTA iii. L.G.A.: KARRI SOUTH

iv. Spill Co-Ordinates: N(m) N 05° 34' 7.44"
E(m) E 005° 37' 43.45"

v. Spill area

- ☐ Land ☒ Swamp ☐ Freshwater ☐ Mangrove ☐ Coastline
☐ Near shore ☐ Offshore ☐ Others (specify):

iv. Structural Controls in Place

- ☐ Boom ☐ Trenches ☐ Bund wall ☐ Sorbents ☐ Others (specify): None

Circumstances Around Spill Point

i. Visual observation of Hole Position

- ☒ 12 O' Clock ☐ 10 O' Clock ☐ 2 O' Clock ☐ 3 O' Clock
☐ 4 O' Clock ☐ 5 O' Clock ☐ 6 O' Clock

ii. Type of Oil contaminant

- ☐ Crude Oil ☐ Condensate ☐ Chemicals ☐ Refined Products
☒ Others (specify):

iii. Facility

- ☒ Pipeline ☐ Flow line ☐ Wellhead ☐ Manifold ☐ Flow Station ☐ Rig
☐ Storage Tank ☐ Compressor Plant ☐ Others (specify):

iv. Cause of Spill

- ☐ Corrosion ☐ Equipment Failure ☒ Third Party Interference ☐ Accident
☐ Operational Error ☐ Others (specify):

v. Visible Sign of Third Party Interference

- ☐ Hacksaw Marks ☐ Drilled Holes ☐ Blasting ☐ Theft ☐ Acid
☐ Others (specify): 4" Valve illegal installed on the facility

NATIONAL OIL SPILL DETECTION AND
RESPONSE AGENCY (WARRI)
ISSUED
J.I.V.
SIGN.....
DATE.....

6. Impact of Incident

i. Properties Impacted by the Incident

- ☐ Farmland ☐ Fish Pond ☐ Vegetation ☐ Fishing Net ☐ Surface water
☐ Venerable Objects ☐ Others (specify)..... N/A.....

ii. Nature of impact

- ☐ Oil stained vegetation ☐ Oil stained fishing nets ☐ Dead floating fishes
☐ Dead floating crabs ☐ Withering of vegetation ☐ Others..... N/A.....

iii. Delineation of impacted area

- ☐ Within Company's facility/ROW ☐ Outside Company's facility/ROW

7. Type of properties/ structures, if any, found outside the right-of-way

- ☐ Crops ☐ Fish Farm/ Pond ☐ Fishing Net ☐ Makeshift
☐ Permanent ☐ Others

8. Extent of Impact

a) Community (indicate name)

- i.
 ii.
 iii.
 iv.

b) Land (indicate area in m^2)

- i.
 ii.
 iii.
 iv.

b) Creeks/Creek lets

☐ Tidal☐ Non-tidal

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

c) Swamp

☐ Tidal☐ Non-tidal

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

d) River

☐ Tidal☐ Non-tidal

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

e) Shoreline/water

NAME	DIRECTION OF SLICK	LENGTH OF SLICK	WIDTH OF SLICK
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

284

9. Photograph/Map/Chart Ref.

☒ Still photographs

☐ Video coverage

☐ Mapping

10. Samples taken

None

11. Investigation carried out by

☐ Foot

☒ Boat

☐ Aircraft

12. Remarks/Recommendation

at Immediate repair of the facility

all. Intensity surveillance on the facility.

13. Time investigation ended

5:00pm

14. Name and Signature of Participants

WAG

22/10/2010