FORM A

OIL SPILL/LEAK NOTIFICATION REPORT (FORM A)

Report must be submitted within 24hrs of Spill Incidence

Company Name *

IHS (NIGERIA) LIMITED

Section A: Incident Details

Date of Incidence * 15-06-2024

Time of Incidence * 7 : 00 AM
Hour Minutes

Date of Observation * 15-06-2024

Time of Observation * 7 : 00 AM
Hour Minutes

Spill Reference No * 0000

Survey By * Foot

Weather * Sun

Level of Impact *

- (●) No Impact
- ( ) Slight Impact
- ( ) Heavy Impact

Estimated Quantity Spilled *

400litres

Section B: Site Details

Site Name *

IHS_EKI_0738A

OML *

XXX

GPS FIELD POINTS *

Latitude 7.66194 Longitu

Total Length in meters

GPS FIELD POINTS *

Latitude 7.66194 Longitu

Length Surveyed in meters

Differential GPS *

No

Spill Start Point GPS: EASTINGS *

XXX

meters

Spill End Point GPS: EASTINGS *

XXX

meters

Site area *

- [ ] Land Swamp
- [ ] Fresh Water
- [ ] Mangrove
- [ ] Coastline
- [ ] Near Shore
- [ ] Off Shore
- [x] Other

Containment Measures in Place *

- [ ] Boom
- [ ] Trenches
- [ ] Bund wall
- [ ] Sorbents
- [x] Others

Type of Contaminant *

- [ ] Crude Oil
- [ ] Condensate
- [ ] Chemicals
- [x] Refined Products
- [ ] Others

Facilty *

- [ ] Pipeline
- [ ] Flow line
- [ ] Wellhead
- [ ] Manifold
- [ ] Flow Station
- [ ] Rig
- [ ] Storage Tank
- [ ] Compressor Plant
- [x] Other

Properties at Risk *

- [ ] Farmland
- [ ] Fish Pond
- [ ] Vegetation
- [ ] Fishing Net
- [ ] Surface water
- [ ] Venerable Objects
- [x] Other

SURVEY TEAM NO Name *

Abiodun Ayodele Samuel

Organization *

IHS (Nigeria) Limited

Phone Numbers *

+234 9062534503

REPORTING OFFICER: *

Uchenna Orjiakor

Environmental Specialist

DESIGNATION *

SIGNATURE * UO

Date * 05-07-2024 Date | 4 Hour : 10 Minutes PM

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