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| To | CNA Management | | | | | |
| CNA Base | PHC | Warri | Brass | Mosimi | Kaduna | Eket |
| Telephone | +234 814 302 8445 | | | | | |
| Email | response@cleannigeria.org | | | | | |

**Guidance:** This information will be used to develop and recommend the most appropriate response strategy. If new information should become available, or the situation changes, please inform CNA management as soon as possible.

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| Section 1-Contact Details | | |
| Member Company |  | |
| Name of Person Notifying CNA |  | |
| Job Title (Designation) |  | |
| Direct Phone Number |  | |
| Mobile Number |  | |
| Fax Number |  | |
| Email Address |  | |
| Command Centre Address |  | |
| Date and Time of Notification | Date and Time |  |

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| Section 2-Location | | | | | |
| Region of spill |  | | | | |
| Latitude of spill (north/south) |  | | | | |
| Longitude of spill (east/west) |  | | | | |
| Area Affected | Offshore | Subsea | Shoreline | Estuary | Others |
| Port | Harbour | Inland | River |
| Water Depth (if applicable) |  | | | | |

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| Section 3-Spill Details | | | | | | | | | | | | | | |
| Date and Time of spill | | |  | | | | | | | | Time Zone | | |  |
| Source of spill | | |  | | | | | | | | | | | |
| Cause of spill | | |  | | | | | | | | | | | |
| Status of spill | | | Secured | | | | Uncontrolled | | | | | | Unknown | |
| Product Properties | | Product Name/Type |  | | | | | | | | | | | State Units  **Provide an assay sheet if available**    **Assay Sheet Provided** |
| Specific Gravity |  | | | API | | | |  | | | |
| Pour Point |  | | | | | | | | | | |
| Wax Content |  | | | | | | | | | | |
| Asphaltene |  | | | | | | | | | | |
| Sulphur Content |  | | | | | | | | | | |
| Viscosity |  | | Reference Temperature | | | | |  | | | |
| Type of Release | | Instantaneous Release |  | Volume | | | |  | | | | | | State Units |
| OR |  | | | | | | | | | | |
| Continuous Release |  | Release Rate | | | |  | | | | | |
| Description of Observed Spill | | Estimated Quantity |  |  | | | |  | | | | | | State Units |
| Size |  |  | | | |  | | | | | |
| Appearance |  |  | | | |  | | | | | |
| Direction of Travel |  |  | | | |  | | | | | |
| Section 4-Weather and Modelling | | | | | | | | | | | | | |
| Weather forecast provide? | | Yes | | No CNA to secure a weather forecast | | | | | | | | | |
| Sea Temperature | |  | | | | | | | | | | | State Units |
| Sea State | |  | | | | | | | | | | |
| Visibility | |  | | | | | | | | | | |
| Cloud Base | |  | | | | | | | | | | |
| Do you require oil spill Trajectory Modelling? | | Surface 2D | | Sub-Surface 3D    Additional time and cost apply | | | | | | | Not currently | | |
| Sub-surface 3D Modelling Information if requested | | Gas to oil Ratio | | Sm3/m3 | | | | Release Hole Diameter | | | m | | |

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| Section 5-Safety and Security | | |
| Highlight any known safety or security risks  e.g. high levels of H2S, high risk regions |  | Not Applicable |
| Describe security arrangements for CNA staff. |  | Not Applicable |

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| Section 6-Resources at Risk (if available) | | |
| Environmental or socio-economic sensitivities that may be impacted. Provide the relevant oil spill Contingency plan and sensitivity maps if available. |  | **Contingency plan included**        **Sensitivity map included** |

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| Section 7-Equipment (if available) | |
| Equipment already deployed or being mobilised (other than CNA resources) |  |

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| Section 8-Further Information |
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LIST OF EQUIPMENT REQUESTED AND/OR RETURNED

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| S/N | EQUIPMENT NAME | DESCRIPTION | PURPOSE | STATUS |
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SIGNED: FOR AND ON BEHALF OF: ………………………………………………………………………….

PRINT NAME AND JOB TITLE: ………………………………………………….…………………….............

DATE: ……………………………………………. TIME: ……………….…………….…. (00 HRS)