



30 Day Written Spill Report Form

December 2015 | CSB | CSB21001

A. Reporting Requirements

How do I report a discharge?

- Call the Ministry of Environment at **1-800-667-7525** (**note:** this number IS NOT intended for general inquiries. It is an emergency line for reporting spills only).
- Submit this report within **30 days** of the date the discharge occurred.

This report ensures timely reporting of discharges that may cause or have caused adverse effects, and collects appropriate details about the discharge.

What do I report? This report requires the person reporting to have detailed information about the discharge and discovery, including the following:

- Site location
- Responsible party
- Substances involved in the occurrence
- Surrounding land use
- Agencies involved in the discharge

What happens next? Once the report is submitted, the ministry reviews it to determine its acceptability, in some cases in consultation with individuals involved in the discharge/discovery, and may include other agencies and impacted landowners. If the report is not acceptable, the ministry identifies deficiencies and requests that it be improved. There are numerous ways to obtain closure and the user should consult the impacted sites guidance document.

How do I submit the report? You can submit this application to the Ministry of Environment using our online services or by mailing a hard copy.

- **Web:** the preferred method is to sign in to our Online Services and submit it through your company's business portal. In the portal you can apply for and receive permission, fill out forms and submit documents online, review documents, and track your interactions with the ministry. Please visit the website: <http://www.environment.gov.sk.ca/online-services>.
- **Mail:** you can complete the report, save and print it, and mail the hard copy to:
Environmental Protection Branch
Hazmat and Impacted Sites Unit
102 - 112 Research Drive
Saskatoon, SK S7N 3R3

What if I have questions? For assistance completing this application or for more information, please contact our Client Service Office:

Email: centre.inquiry@gov.sk.ca
Tel (toll free in North America): 1-800-567-4224
Tel (Regina): 306-787-2584

NOTE: This form meets Environment Canada's reporting requirements when submitted as soon as feasible in accordance with Federal legislation regulations. It may be submitted to Environment Canada

- **by email (preferred):**
- ec.dalesaskatchewanrpn-eedsaskatchewanpnr.ec@canada.ca
- **or by mail:**
Environment Canada
Room 300 - 2365 Albert Street
Regina, SK S4P 4K1

B. Person Reporting

Company Name

Last Name

First Name Middle Name

Address

Address

City Province Postal Code

Country

Mailing Address Same as above Different from above:

Address

Address

City Province Postal Code

Country

Contact Details

Phone (main) Phone (work)

Phone (mobile) Email

C. Responsible Party

Legal Name

Business Name

Address

Address

City Province Postal Code

Country

D. Fixed/Storage Facility Information (if applicable)

Facility Code Operation Identification

E. Discharged Material Details

Shipping Name Material Code (UNPN/NA #)

Chemical Abstract Service Registry (CAS) #

Material Comments
(include phase: solid, liquid gas)

Concentration of Liquid Released (mg/kg)

Type of Package or Containment Classification

Total Mass/Volume Prior to Discharge Units
Mass or Volume of Discharge Units

F. Pressure Vessel Details (if applicable)

Pressure Vessel Yes No Certification Safety Marks

Description of Failure

G. Discharge Details

Date of Occurrence (DD/MM/YEAR)

Description of Events *Please attach any additional information as a separate document.*

Discharge Rate Discharge Rate Units

Duration of Discharge Temperature

Wind Speed (kph) Wind Direction Precipitation Type

Cloud Cover Relative Humidity (%)

Emergency Response Measures, and Subsequent Assessment and Corrective Actions

How impacted materials were disposed of

Closures resulting from spill (infrastructure disruptions ie. road closures etc.)

Actions taken to prevent similar incidents in the future

Long-term corrective actions (attach corrective action plan if more space required)

Other details

H. Discharge Location

Enter the Latitude/Longitude for center of the site in degrees, minutes, seconds.

Latitude:

Longitude:

Deg: Min: Sec: Deg: Min: Sec:

Address

Address

City

Province

Postal Code

Country

I. Distances and Direction to:

Nearest Community	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Name	Direction	Distance	
Nearest Well	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Name	Direction	Distance	
Nearest Surface Water Body	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Name	Direction	Distance	
Nearest Occupied Building	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Name	Direction	Distance	
Surrounding Land Use (within 500 m of discharge location)				
<i>Check all that apply</i>	Industrial	Commercial	Residential/Parkland	Agricultural

J. Transportation Occurrence Details (if applicable)

Road Rail Air Marine Type of Vehicle/Mean of Containment

K. Emergency Response Assistance Plan (ERAP)

ERAP activated? Yes No ERAP Number

L. Effects on Public

Public evacuated? Yes No Public sheltered in place? Yes No

Number of People Affected Number of Deaths

Number of People Requiring Medical Aid

M. Emergency Response Agencies

Organization Type	Agency Name	<input type="text"/>
Organization Type	Agency Name	<input type="text"/>
Organization Type	Agency Name	<input type="text"/>
Organization Type	Agency Name	<input type="text"/>
Organization Type	Agency Name	<input type="text"/>
Organization Type	Agency Name	<input type="text"/>

N. Conditions for Submission

If reporting by regular mail, please make sure all related documents are included or attached as part of the submission.

I have read and I fully understand that these conditions must be met before the Ministry of Environment can accept, assess and process my report, and

I have read and I fully understand the requirements of this report, and wish to continue with my report, and

I certify that the information I have provided in this report is true and accurate in every respect.

By checking this box, I accept these conditions.

Date of Report

Signature of Reporter