



Canada

## NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

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REPORT LINE USE ONLY

|   |  |          |   |                                      |  |                        |
|---|--|----------|---|--------------------------------------|--|------------------------|
| A | REPORT DATE: MONTH – DAY – YEAR  |          | REPORT TIME                                   |                                      | <input type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT | REPORT NUMBER<br>_____ |
|   | B OCCURRENCE DATE: MONTH – DAY – YEAR  |          | B OCCURRENCE TIME                             |                                      |  |                        |
| C | LAND USE PERMIT NUMBER (IF APPLICABLE)   |          |   | WATER LICENCE NUMBER (IF APPLICABLE) |  |                        |
| D | GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION  |          |   |                                      | REGION   |                        |
|   |  |          |   |                                      | <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN            |                        |
| E | LATITUDE   |          |   | LONGITUDE                            |  |                        |
|   | DEGREES  | MINUTES  | SECONDS                                       | DEGREES                              | MINUTES  | SECONDS                |
| F | RESPONSIBLE PARTY OR VESSEL NAME   |          | RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION  |                                      |  |                        |
| G | ANY CONTRACTOR INVOLVED  |          | CONTRACTOR ADDRESS OR OFFICE LOCATION         |                                      |  |                        |
| H | PRODUCT SPILLED  |          | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES |                                      | U.N. NUMBER  |                        |
|   | SECOND PRODUCT SPILLED (IF APPLICABLE)   |          | QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES |                                      | U.N. NUMBER  |                        |
| I | SPILL SOURCE   |          | SPILL CAUSE                                   |                                      | AREA OF CONTAMINATION IN SQUARE METRES   |                        |
| J | FACTORS AFFECTING SPILL OR RECOVERY  |          | DESCRIBE ANY ASSISTANCE REQUIRED              |                                      | HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT  |                        |
| K | ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS |          |   |                                      |  |                        |
|   |  |          |   |                                      |  |                        |
| L | REPORTED TO SPILL LINE BY  | POSITION | EMPLOYER                                      | LOCATION CALLING FROM                | TELEPHONE  |                        |
| M | ANY ALTERNATE CONTACT  | POSITION | EMPLOYER                                      | ALTERNATE CONTACT LOCATION           | ALTERNATE TELEPHONE  |                        |

## REPORT LINE USE ONLY

|  |                           |                  |   |                 |   |
|--|---------------------------|------------------|---|-----------------|---|
| N  | RECEIVED AT SPILL LINE BY | POSITION         | EMPLOYER  | LOCATION CALLED | REPORT LINE NUMBER  |
|  |                           | STATION OPERATOR |   | YELLOWKNIFE, NT | (867) 920-8130  |
| LEAD AGENCY <input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC |                           |                  | SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN |                 | FILE STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED |
| AGENCY   |                           | CONTACT NAME     | CONTACT TIME  | REMARKS         |   |
| LEAD AGENCY  |                           |                  |   |                 |   |
| FIRST SUPPORT AGENCY   |                           |                  |   |                 |   |
| SECOND SUPPORT AGENCY  |                           |                  |   |                 |   |
| THIRD SUPPORT AGENCY   |                           |                  |   |                 |   |