



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                                                                                                                                                                                                                               |                           |                  |                                                                                                             |                 |                                                                           |