



Canada

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

| | | | | | | |
|---|------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| A | REPORT DATE: MONTH – DAY – YEAR | | REPORT TIME | | <input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT | REPORT NUMBER _____ |
| | OCCURRENCE DATE: MONTH – DAY – YEAR | | OCCURRENCE TIME | | | |
| C | LAND USE PERMIT NUMBER (IF APPLICABLE) | | | WATER LICENCE NUMBER (IF APPLICABLE) | | |
| | 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 | | | |
| | 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 | |
| | 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 | |
| | ANY ALTERNATE CONTACT | POSITION | EMPLOYER | ALTERNATE CONTACT LOCATION | ALTERNATE TELEPHONE | |

REPORT LINE USE ONLY

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|-------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------|
| 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 | | | | | |