

# NT-NU SPILL REPORT

## OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS



Canada



Inuvialuit Land Administration

NT-NU 24-HOUR SPILL REPORT LINE

Tel: (867) 920-8130 • Email: [spills@gov.nt.ca](mailto:spills@gov.nt.ca)

|   |  |    |           |  |   |   |                      |
|---|--|----|-----------|--|---|---|----------------------|
| A | Report Date:   | MM | DD        | YY   | Report Time:  | <input type="checkbox"/> Original Spill Report<br><b>OR</b><br><input type="checkbox"/> Update # _____ to the Original Spill Report | Report Number:       |
|   | Occurrence Date:   | MM | DD        | YY   | Occurrence Time:  |   |                      |
| C | Land Use Permit Number (if applicable):                                  |    |           |  | Water Licence Number (if applicable):                   |   |                      |
| D | Geographic Place Name or Distance and Direction from the Named Location: |    |           |  |   | Region:<br><input type="checkbox"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> Trans-boundary or Ocean            |                      |
| E | Latitude:<br>_____ Degrees _____ Minutes _____ Seconds                   |    |           |  | Longitude:<br>_____ 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: <input type="checkbox"/> Potential Spill                |    |           | 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 Environment:  |                      |
| K | Summary of the spill incident and efforts / description of the incident: |    |           |  |   |   |                      |
| 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: |
| Lead Agency: <input type="checkbox"/> EC <input type="checkbox"/> CCG/TCMSS <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> CIRNAC <input type="checkbox"/> CER<br><input type="checkbox"/> Other: _____ |                            |               |               | File Status: <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |                     |
| Agency:  |                            | Contact Name: | Contact Time: | Remarks:  |                     |
| Lead Agency:   |                            |               |               |   |                     |
| First Support Agency:  |                            |               |               |   |                     |
| Second Support Agency:   |                            |               |               |   |                     |
| Third Support Agency:  |                            |               |               |   |                     |