

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS



Inuvialuit Land Administration

NT-NU 24-HOUR SPILL REPORT LINE

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

| | | | | | | | |
|---|--|------------------|--|---|--|---|----------------|
| A | Report Date: | MM | DD | YY | Report Time: | <input type="checkbox"/> Original Spill Report OR <input type="checkbox"/> Update # _____ to the Original Spill Report | Report Number: |
| | B | Occurrence Date: | MM | DD | YY | | |
| 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: | |
| | | | | | | <input type="checkbox"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> Trans-boundary 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: <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 <input type="checkbox"/> Other: _____ | | | | 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: | | | | | |