

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS



NT-NU 24-HOUR SPILL REPORT LINE

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

A	Report Date:	MM	DD	YY	Report Time:	☐ Original Spill Report OR ☐ 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: ☐ NT ☐ Nunavut ☐ Trans-boundary or Ocean	
E	Latitude: _____ Degrees _____ Minutes _____ Seconds				Longitude: _____ 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: ☐ 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:
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: ☐ EC ☐ CCG/TCMSS ☐ GNWT ☐ GN ☐ ILA ☐ CIRNAC ☐ CER ☐ Other: _____				File Status: ☐ Open ☐ Closed	
Agency:		Contact Name:	Contact Time:	Remarks:	
Lead Agency:					
First Support Agency:					
Second Support Agency:					
Third Support Agency:					