

# 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:                                            | <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:                                                                                                                                                                                                                                                    |                            |               |               |                                                                               |                     |