

# 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

A	Report Date:	MM	DD	YY	Report Time:	<input type="checkbox"/> Original Spill Report <b>OR</b> <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: <input type="checkbox"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> 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: <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:					