

## APPENDIX 3

### NUNAVUT SPILL REPORT FORM

| NWT SPILL REPORT   |  | (Oil, Gas, Hazardous Chemicals or other Materials)  |   | 24-Hour Report Line            |
|--|--|---|---|--------------------------------|
|  |  |   |   | Phone: (867) 920-8130          |
|  |  |   |   | Fax: (867) 873-6924            |
| <b>A</b> Report Date and time  | <b>B</b> Date and time of Spill (if known)           | <b>C</b> <input type="checkbox"/> Original<br><input type="checkbox"/> Update #                             | Spill Number  |                                |
| <b>D</b> Location and map coordinates (if known) and direction (if moving)   |  |   |   |                                |
| <b>E</b> Party Responsible for Spill   |  |   |   |                                |
| <b>F</b> Product(s) spilled and estimated quantities (Provide metric volumes/weights if possible)                            |  |   |   |                                |
| <b>G</b> Cause of Spill  |  |   |   |                                |
| <b>H</b> Is spill terminated?  | <b>I</b> If spill is continuing, give estimated rate | <b>J</b> Is further spillage possible?  | <b>K</b> Extent of contaminated area (in sq. m if possible) |                                |
| <b>L</b> Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)                                 |  |   | <b>M</b> Containment (natural depression, dyke, etc.)       |                                |
| <b>N</b> Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials |  |   |   |                                |
| <b>O</b> Do you require assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes, Describe*:                     |  | <b>P</b> Possible hazards to persons, property, or environment; eg: fire, drinking water, fish or wildlife* |   |                                |
| <b>Q</b> Comments and/or recommendations *:  |  |   |   | <b>FOR SPILL LINE USE ONLY</b> |
|  |  |   |   | Lead Agency                    |
|  |  |   |   | Spill significance             |
|  |  |   |   | Lead Agency contact and time   |
|  |  |   |   |                                |
|  |  |   |   | Is this file now closed?       |
| Reported by:   | Position, Employer, Location                         |   | Telephone No:   |                                |
| Reported to:   | Position, Employer, Location                         |   | Telephone No:   |                                |
| <small>*Put additional comments on next page (Please type in the Box letter you are referring to in your comments)</small>   |  |   |   |                                |
| Additional comments  |  |   |   |                                |