



NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

TEL: (867) 920-8130

FAX: (867) 873-6924

EMAIL: spills@gov.nt.ca

REPORT LINE USE ONLY

A	REPORT DATE: MONTH – DAY – YEAR		REPORT TIME		<input type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	REPORT NUMBER _____
	B		OCCURRENCE DATE: MONTH – DAY – YEAR			
C	LAND USE PERMIT NUMBER (IF APPLICABLE)			WATER LICENCE NUMBER (IF APPLICABLE)		
	D				GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION	
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			
H	PRODUCT SPILLED		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES		U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		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	
K	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT		ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS			
	L		REPORTED TO SPILL LINE BY		POSITION	
M	EMPLOYER		LOCATION CALLING FROM		TELEPHONE	
	ANY ALTERNATE CONTACT		POSITION		EMPLOYER	
N	ALTERNATE CONTACT		LOCATION		ALTERNATE TELEPHONE	
	REPORT LINE USE ONLY					
O	RECEIVED AT SPILL LINE BY		POSITION		EMPLOYER	
	STATION OPERATOR		LOCATION CALLED		REPORT LINE NUMBER	
LEAD AGENCY		SIGNIFICANCE		FILE STATUS		
<input type="checkbox"/> EC <input type="checkbox"/> CCG <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> INAC <input type="checkbox"/> NEB <input type="checkbox"/> TC		<input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN		<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						