



# NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS

NT-NU 24-HOUR SPILL REPORT LINE

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REPORT LINE USE ONLY

|  |   |                  |  |   |  |   |                       |                     |
|--|---|------------------|--|---|--|---|-----------------------|---------------------|
| A  | REPORT DATE: MONTH – DAY – YEAR           |                  | REPORT TIME  |   | <input type="checkbox"/> ORIGINAL SPILL REPORT,<br>OR<br><input type="checkbox"/> UPDATE # _____<br>TO THE ORIGINAL SPILL REPORT | <b>REPORT NUMBER</b><br><br>_____   |                       |                     |
|  | B   |                  | OCCURRENCE DATE: MONTH – DAY – YEAR  |   |  |   | OCCURRENCE TIME       |                     |
| 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   | EMPLOYER  | LOCATION CALLING FROM | TELEPHONE           |
| M  | M   |                  | ANY ALTERNATE CONTACT  |   | POSITION   | EMPLOYER  | ALTERNATE CONTACT     | ALTERNATE TELEPHONE |
|  | N   |                  | RECEIVED AT SPILL LINE BY  |   | POSITION   | EMPLOYER  | LOCATION CALLED       | REPORT LINE NUMBER  |
|  |   | STATION OPERATOR |  | YELLOWKNIFE, NT   |  | (867) 920-8130  |                       |                     |
| LEAD AGENCY <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 |   |                  |  | SIGNIFICANCE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR <input type="checkbox"/> UNKNOWN |  | 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   |   |                  |  |   |  |   |                       |                     |