



NWT SPILL REPORT

(Oil, Gas, Hazardous Chemicals or other Materials)

24 – Hour Report Line
Phone: (867) 920-8130
Fax: (867) 873-6924

A Report Date and Time		B Date and Time of spill (if known)		C <input type="checkbox"/> Original Report <input type="checkbox"/> Update no. _____		Spill Number	
D Location and map coordinates (if known) and direction (if moving)							
E Partly responsible for spill							
F Product(s) spilled and estimated quantities (provide metric volumes/weights if possible)							
G Cause of spill							
H Is spill terminated? <input type="checkbox"/> yes <input type="checkbox"/> no		I If spill is continuing, give estimated rate		J Is further spillage possible? <input type="checkbox"/> yes <input type="checkbox"/> no		K Extent of contaminated area (in square meters if possible)	
L Factors effecting spill or recovery (weather conditions, terrain, snow cover, etc.)				M Containment (natural depression, dikes, etc.)			
N Action, if any, taken or proposed to contain, recover, clean up or dispose of product(s) and contaminated materials							
O Do you require assistance? <input type="checkbox"/> no <input type="checkbox"/> yes, describe:				P Possible hazards to person, property, or environment; eg: fire, drink water, fish or wildlife			
Q Comments or recommendations						FOR SPILL LINE USE ONLY	
						Lead agency	
						Spill significance	
						Lead Agency contact and time 	
Is this file now closed? <input type="checkbox"/> yes <input type="checkbox"/> no							
Reported by		Position. Employer, Location				Telephone	
Reported to		Position. Employer, Location				Telephone	