

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
A Report Date and time	B Date and time of Spill (if known)	C <input type="checkbox"/> Original <input type="checkbox"/> Update #	Spill Number	
D Location and map coordinates (if known) and direction (if moving)				
E Party Responsible for Spill				
F Product(s) spilled and estimated quantities (Provide metric volumes/weights if possible)				
G Cause of Spill				
H Is spill terminated?	I If spill is continuing, give estimated rate	J Is further spillage possible?	K Extent of contaminated area (in sq. m if possible)	
L Factors affecting spill or recovery (weather conditions, terrain, snow cover, etc.)			M Containment (natural depression, dyke, 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 persons, property, or environment; eg: fire, drinking water, fish or wildlife*		
Q Comments and/or recommendations *:			FOR SPILL LINE USE ONLY	
			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:	
*Put additional comments on next page (Please type in the Box letter you are referring to in your comments)				
Additional comments				