



Canada

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		B 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				REGION		
					<input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR OCEAN		
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		CONTRACTOR ADDRESS OR OFFICE LOCATION				
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		HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT		
K	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 ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE		
REPORT LINE USE ONLY							
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							