



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 January 20 2010	REPORT TIME 9:00am	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT		REPORT NUMBER
B	OCCURRENCE DATE: MONTH - DAY - YEAR January 19 2010	OCCURRENCE TIME 9:00			
C	LAND USE PERMIT NUMBER (IF APPLICABLE) na	WATER LICENCE NUMBER (IF APPLICABLE) 3am-iaa0611			
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION Water Treatment Plant --Iqaluit		REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR		
E	LATITUDE DEGREES na MINUTES na SECONDS na		LONGITUDE DEGREES na MINUTES na SECONDS na		
F	RESPONSIBLE PARTY OR VESSEL NAME Water Treatment Plant --City of Iqaluit	RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION box 460 Iqaluit nu. x0a 0h0			
G	ANY CONTRACTOR INVOLVED na	CONTRACTOR ADDRESS OR OFFICE LOCATION na			
H	PRODUCT SPILLED Chlorine gas	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES unknown	U.N. NUMBER un 1017		
	SECOND PRODUCT SPILLED (IF APPLICABLE) na	QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES na	U.N. NUMBER na		
I	SPILL SOURCE 150 lb cylinder	SPILL CAUSE packing nut	AREA OF CONTAMINATION IN SQUARE METRES na		
J	FACTORS AFFECTING SPILL OR RECOVERY see box K	DESCRIBE ANY ASSISTANCE REQUIRED Fire Department	HAZARDS TO PERSONS, PROPERTY OR EQUIPMENT compressed gas		
K	ADDITIONAL INFORMATION, COMMENTS, ACTIONS PROPOSED OR TAKEN TO CONTAIN, RECOVER OR DISPOSE OF SPILLED PRODUCT AND CONTAMINATED MATERIALS On January 19 2010 @9:00am a 150 lb bottle of chlorine was being changed in the chlorine room at the Wtp. A bottle was noticed to have a very small leak. It was removed from the building to a wooden shack about 100 yards from the building. The fire dept. was notified along with Robert Eno from environment NU. An Emergency safety cap was installed. The cylinder is in a safe and secure location with safety tape around area. We are presently working on a solution with Robert Eno and the fire dept.				
L	REPORTED TO SPILL LINE BY Robert Hoan	POSITION Utilidor Forman	EMPLOYER City of Iqaluit	LOCATION CALLING FROM WTP	TELEPHONE 867-222-2941
M	ANY ALTERNATE CONTACT Robert Brouillet	POSITION WTP Operator	EMPLOYER City of Iqaluit	ALTERNATE CONTACT LOCATION WTP	ALTERNATE TELEPHONE 867-979-5643
REPORT LINE USE ONLY					
N	RECEIVED AT SPILL LINE BY	POSITION Station operator	EMPLOYER	LOCATION CALLED Yellowknife, NT	REPORT LINE NUMBER (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					