



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 02-15-13		REPORT TIME 9:25am	<input checked="" type="checkbox"/> ORIGINAL SPILL REPORT, OR <input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT	REPORT NUMBER -
	OCCURRENCE DATE: MONTH – DAY – YEAR 02-14-13		OCCURRENCE TIME 2:00pm		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION Beachrow, M.H.32A			REGION <input type="checkbox"/> NWT <input checked="" type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR	
E	LATITUDE DEGREES MINUTES SECONDS		LONGITUDE DEGREES MINUTES SECONDS		
F	RESPONSIBLE PARTY OR VESSEL NAME City of Iqaluit		RESPONSIBLE PARTY ADDRESS OR OFFICE LOCATION City of Iqaluit. P.O. Box 460. Iqaluit. NU X0A0H0		
G	ANY CONTRACTOR INVOLVED		CONTRACTOR ADDRESS OR OFFICE LOCATION		
H	PRODUCT SPILLED Sewage		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES 2000 liters	U.N. NUMBER	
	SECOND PRODUCT SPILLED (IF APPLICABLE)		QUANTITY IN LITRES, KILOGRAMS OR CUBIC METRES	U.N. NUMBER	
I	SPILL SOURCE Manhole 32A		SPILL CAUSE Sanitary line restriction	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 The utilidor crew responded with the sewage blaster, had the sewage truck pump out four truck loads from the manhole. The road crew was then called to clean up the surrounding area of manhole 32A(also known as Beachrow).				
L	REPORTED TO SPILL LINE BY Paul Keenainak	POSITION Foreman. Utility	EMPLOYER City of Iqaluit	LOCATION CALLING FROM Utilidor shop	TELEPHONE 8679793206
M	ANY ALTERNATE CONTACT	POSITION	EMPLOYER	ALTERNATE CONTACT LOCATION	ALTERNATE TELEPHONE
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					

