



NUNAVUT SPILL REPORT (Oil, Gas, Hazardous Chemicals or other Materials)

ᓄᓇᓂᓪᓴ ᓄᓕᓴᓂᓪᓴ (ᓄᓕᓴᓂᓪᓴ, ᓴᓴᓪᓴ, ᓴᓴᓴᓪᓴ, ᓴᓴᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ)

24-Hour Report Line 24-ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ

Phone/ᓄᓪᓴᓪᓴ (867) 920-8130

Fax/ᓄᓪᓴᓪᓴ (867) 873-6924

A Report Date and Time ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ		B Date and Time of Spill(if known) ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ		C ☐ Original Report ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ☐ Update No. _____ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ		Spill Number ᓄᓪᓴᓪᓴ	
D Location and Map Coordinates (if known) and Direction (if moving) ᓄᓪᓴ ᓄᓪᓴ ᓄᓪᓴ ᓄᓪᓴ ᓄᓪᓴ ᓄᓪᓴ ᓄᓪᓴ ᓄᓪᓴ							
E Party Responsible for Spill (Full Name and Address) ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ							
F Product(s) Spilled and Estimated Quantities(provide metric volumes/weights if possible) ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ							
G Cause of Spill ᓄᓪᓴ ᓄᓪᓴᓪᓴ							
H Is Spill Terminated? ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ☐ Yes/ᓄᓪᓴ ☐ No/ᓄᓪᓴ		I If Spill is Continuing, Give Estimated Rate ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ		J Is Further Spillage Possible? ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ☐ Yes/ᓄᓪᓴ ☐ No/ᓄᓪᓴ		K Extent of Contaminated Area (in square metres if possible) ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ	
L Factors Affecting Spill or Recovery(weather conditions, terrain, snow cover, etc.) ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ				M Containment (natural depression, dykes, etc.) ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ			
N Action, if any, taken or Proposed to Contain, Recover, Clean Up or Dispose of Product(s) and Contaminated Materials ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ							
O Do You Require Assistance? ☐ No ᓄᓪᓴ ☐ Yes, describe: ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ				P Possible Hazards to Persons, Property or Environment e.g. fire, drinking water, fish or wildlife ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ			
Q Comments and/or Recommendations ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ						FOR SPILL LINE USE ONLY ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ Lead Agency ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ Spill Significance ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ Lead Agency Contact and Time ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ Is this file now closed? ᓄᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ	
Reported By ᓄᓪᓴᓪᓴ		Position, Employer, Location ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ				Telephone ᓄᓪᓴᓪᓴ	
Reported To ᓄᓪᓴᓪᓴ		Position, Employer, Location ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ ᓄᓪᓴᓪᓴ				Telephone ᓄᓪᓴᓪᓴ	