

APPENDIX-A

NT-NU SPILL REPORT FORM

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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		REPORT NUMBER
B	OCCURRENCE DATE: MONTH – DAY – YEAR	OCCURRENCE TIME	<input type="checkbox"/> UPDATE # TO THE ORIGINAL SPILL REPORT		
C	LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)		
D	GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM THE NAMED LOCATION			REGION <input type="checkbox"/> NWT <input type="checkbox"/> NUNAVUT <input type="checkbox"/> ADJACENT JURISDICTION OR	
E	LATITUDE DEGREES MINUTES SECONDS		LONGITUDE 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 ENVIRONMENT	
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 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					

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Instructions for Completing the NT-NU Spill Report Form

This form can be filled out electronically and e-mailed as an attachment to spills@gov.nt.ca. Until further notice, please verify receipt of e-mail transmissions with a follow-up telephone call to the spill line. Forms can also be printed and faxed to the spill line at 867-873-6924. Spills can still be phoned in by calling collect at 867-920-8130.

A. Report Date/Time	The actual date and time that the spill was reported to the spill line. If the spill is phoned in, the Spill Line will fill this out. Please do not fill in the Report Number: the spill line will assign a number after the spill is reported.
B. Occurrence Date/Time	Indicate, to the best of your knowledge, the exact date and time that the spill occurred. Not to be confused with the report date and time (see above).
C. Land Use Permit Number /Water Licence Number	This only needs to be filled in if the activity has been licenced by the Nunavut Water Board and/or if a Land Use Permit has been issued. Applies primarily to mines and mineral exploration sites.
D. Geographic Place Name	In most cases, this will be the name of the city or town in which the spill occurred. For remote locations – outside of human habitations – identify the most prominent geographic feature, such as a lake or mountain and/or the distance and direction from the nearest population center. You must include the geographic coordinates (Refer to Section E).
E. Geographic Coordinates	This only needs to be filled out if the spill occurred outside of an established community such as a mine site. Please note that the location should be stated in degrees, minutes and seconds of Latitude and Longitude.
F. Responsible Party Or Vessel Name	This is the person who was in management/control/ownership of the substance at the time that it was spilled. In the case of a spill from a ship/vessel, include the name of the ship/vessel. Please include full address, telephone number and e-mail. Use box K if there is insufficient space. Please note that, the owner of the spilled substance is ultimately responsible for any spills of that substance, regardless of who may have actually caused the spill.
G. Contractor involved?	Were there any other parties/contractors involved? An example would be a construction company who is undertaking work on behalf of the owner of the spilled substance and who may have contributed to, or directly caused the spill and/or is responding to the spill.
H. Product Spilled	Identify the product spilled; most commonly, it is gasoline, diesel fuel or sewage. For other substances, avoid trade names. Wherever possible, use the chemical name of the substance and further, identify the product using the four digit UN number (eg: UN1203 for gasoline; UN1202 for diesel fuel; UN1863 for Jet A & B)
I. Spill Source	Identify the source of the spill: truck, ship, home heating fuel tank and, if known, the cause (eg: fuel tank overflow, leaking tank; ship ran aground; traffic accident, vandalism, storm, etc.). Provide an estimate of the extent of the contaminated/impacted area (eg: 10 m ²)
J. Factors Affecting Spill	Any factors which might make it difficult to clean up the spill: rough terrain, bad weather, remote location, lack of equipment. Do you require advice and/or assistance with the cleanup operation? Identify any hazards to persons, property or environment: for example, a gasoline spill beside a daycare centre would pose a safety hazard to children. Use box K if there is insufficient space.
K. Additional Information	Provide any additional, pertinent details about the spill, such as any peculiar/unique hazards associated with the spilled material. State what action is being taken towards cleaning up the spill; disposal of spilled material; notification of affected parties. If necessary, append additional sheets to the spill report. Number the pages in the same format found in the lower right hand corner of the spill form: eg. "Page 1 of 2", "Page 2 of 2" etc. Please number the pages to ensure that recipients can be certain that they received all pertinent documents. If only the spill report form was filled out, number the form as "Page 1 of 1".
L. Reported to Spill Line by	Include your full name, employer, contact number and the location from which you are reporting the spill. Use box K if there is insufficient space.
M. Alternate Contact	Identify any alternate contacts. This information assists regulatory agencies to obtain additional information if they cannot reach the individual who reported the spill.
N. Report Line Use Only	Leave Blank. This box is for the Spill Line's use only.

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APPENDIX-B

WATER QUALITY MONITORING

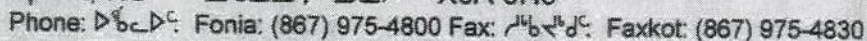
Reading has to be between 0.10 and 0.50 (idealy, it should be between 0.30 and 0.40)

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CHLORINE MIXING INSTRUCTIONS FOR CALCIUM HYPOCHLORITE 65 %

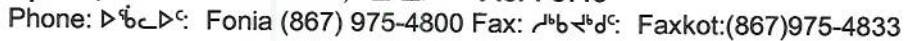
1. Put on rubber apron, rubber gloves, and face shield.
2. Read manufacturer's safety data sheet for Calcium Hypochlorite.
3. Close valves on tanks.
4. Fill mix tank on work bench with (120) litres of water.
5. Add four (4) kilo-gram (bottles) of calcium hypochlorite 65% to water.
6. Mix solution for two (2) hours.
7. Fill feed tank by opening valve at bottom of mix tank.
8. Rinse mix tank and agitator with water.
9. Reintroduce clear one inch pipe from mix tank in feed tank.
10. Test first truck of day for adequate chlorination by using HATCH Colorimeter test kit. Let the sample sit for 20 minutes then test for FREE CHLORINE per the manual. The chlorine dosage should read between 0.5 and 1.0 mg/litres before delivery.
11. Adjust the stroke and/or rate of the injection pump to either increase or decrease the chlorine dosage if required. Retest FREE CHLORINE after adjusting the stroke and/or rate.

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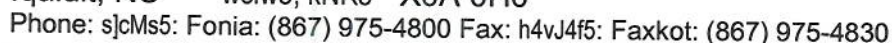


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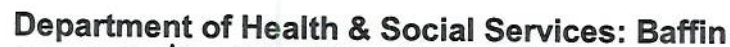
PROCEDURES AND GUIDELINES OF GN-DOE ON DRINKING WATER QUALITY MANAGEMENT



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Okoa Kavamat Monakhikakvilikiot Olasilikiot

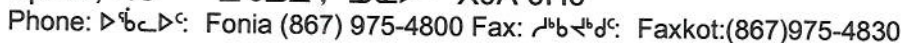
Ministère de la Santé et des Services Sociaux

P.O. Box 1000 Stn 1046; 00000; C.P. 1000 Stn 1046

Iqaluit, NU Δ^bΔ^c, Δ^cΔ^b X0A 0H0

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