

# 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](mailto:spills@gov.nt.ca)

### REPORT LINE USE ONLY

A	Report Date: MM   DD   YY	Report Time:	<input type="checkbox"/> Original Spill Report <b>OR</b> <input type="checkbox"/> Update # _____ to the Original Spill Report		Report Number:
	Occurrence Date: MM   DD   YY	Occurrence Time:			
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"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> Adjacent Jurisdiction or Ocean	
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: <input type="checkbox"/> Potential Spill	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:	Employer:	Location Called:	Report Line Number:
Lead Agency: <input type="checkbox"/> EC <input type="checkbox"/> CCG/TCMSS <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> AANDC <input type="checkbox"/> NEB <input type="checkbox"/> Other: _____			Significance: <input type="checkbox"/> Minor <input type="checkbox"/> Major <input type="checkbox"/> Unknown		File Status: <input type="checkbox"/> Open <input type="checkbox"/> Closed
<b>Agency:</b>		<b>Contact Name:</b>		<b>Contact Time:</b>	
Lead Agency:					
First Support Agency:					
Second Support Agency:					
Third Support Agency:					
<b>Remarks:</b>					