

# 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:	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:			Longitude:			
	_____ Degrees	_____ Minutes	_____ Seconds	_____ 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			Significance: <input type="checkbox"/> Minor		File Status: <input type="checkbox"/> Open
<input type="checkbox"/> AANDC <input type="checkbox"/> NEB <input type="checkbox"/> Other: _____			<input type="checkbox"/> Major <input type="checkbox"/> Unknown		<input type="checkbox"/> Closed
<b>Agency:</b>	<b>Contact Name:</b>	<b>Contact Name:</b>	<b>Remarks:</b>		
Lead Agency:					
First Support Agency:					
Second Support Agency:					
Third Support Agency:					