

NT-NU SPILL REPORT

OIL, GASOLINE, CHEMICALS AND
OTHER HAZARDOUS MATERIALS



NT-NU 24-HOUR SPILL REPORT LINE

Tel: (867) 920-8130 • Email: spills@gov.nt.ca

REPORT LINE USE ONLY

| | | | | | |
|---|---|--|---|---|----------------------|
| A | Report Date: MM DD YY | Report Time: | <input type="checkbox"/> Original Spill Report | | Report Number: |
| | Occurrence Date: MM DD YY | Occurrence Time: | OR <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"/> 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

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|---|----------------------------|----------------------|---|----------------------|---|
| 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 |
| Agency: | | Contact Name: | | Contact Time: | |
| Lead Agency: | | | | | |
| First Support Agency: | | | | | |
| Second Support Agency: | | | | | |
| Third Support Agency: | | | | | |
| Remarks: | | | | | |