

# 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:                               | <b>OR</b><br><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:<br><input type="checkbox"/> NT <input type="checkbox"/> Nunavut <input type="checkbox"/> Adjacent Jurisdiction or Ocean |                      |
| E | Latitude:<br>_____ Degrees _____ Minutes _____ Seconds  |  | Longitude:<br>_____ 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<br><input type="checkbox"/> AANDC <input type="checkbox"/> NEB <input type="checkbox"/> Other: _____ |                            |                      | Significance: <input type="checkbox"/> Minor<br><input type="checkbox"/> Major <input type="checkbox"/> Unknown |                  | File Status: <input type="checkbox"/> Open<br><input type="checkbox"/> Closed |
| <b>Agency:</b>  | <b>Contact Name:</b>       | <b>Contact Time:</b> | <b>Remarks:</b>   |                  |   |
| Lead Agency:  |                            |                      |   |                  |   |
| First Support Agency:   |                            |                      |   |                  |   |
| Second Support Agency:  |                            |                      |   |                  |   |
| Third Support Agency:   |                            |                      |   |                  |   |