



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 <input type="checkbox"/> UPDATE # _____ TO THE ORIGINAL SPILL REPORT	<div style="border: 2px solid black; padding: 5px;"> REPORT NUMBER _____ </div>					
	B		OCCURRENCE DATE: MONTH – DAY – YEAR				OCCURRENCE TIME				
C			LAND USE PERMIT NUMBER (IF APPLICABLE)		WATER LICENCE NUMBER (IF APPLICABLE)						
D			GEOGRAPHIC PLACE NAME OR DISTANCE AND DIRECTION FROM NAMED LOCATION		REGION <input type="checkbox"/> NWT <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		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		EMPLOYER		LOCATION CALLED		REPORT LINE NUMBER	
				STATION OPERATOR				YELLOWKNIFE, NT		(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											

