

# NT-NU SPILL REPORT

## OIL, GASOLINE, CHEMICALS AND OTHER HAZARDOUS MATERIALS



Canada

**NT-NU 24-HOUR  
SPILL REPORT LINE**  
Tel: (867) 920-8130  
Email: [spills@gov.nt.ca](mailto:spills@gov.nt.ca)



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:
	B	Occurrence Date:	MM	DD	YY		
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"/> Trans-boundary 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	Summary of the spill incident and efforts / description of the incident:						
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"/> ECCC <input type="checkbox"/> CCG/TCMSS <input type="checkbox"/> GNWT <input type="checkbox"/> GN <input type="checkbox"/> ILA <input type="checkbox"/> CIRNAC <input type="checkbox"/> CER <input type="checkbox"/> Other: _____				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:					