

Send completed form to either:

Email: mbopspaint@productcare.org

Phone: 604.592.2927. Fax: 1.866.975.2982



INCIDENT REPORT FORM

EMERGENCY TELEPHONE: 1.888.772.9772 (24 hours)

1. Collection Site Details

Depot Name: _____

Depot Location: _____

Employee Name: _____

Telephone Number: _____

Date of incident: _____

Time of incident: _____

2. Check one of the following emergencies and fill out the appropriate information:

(Attach a separate form if you need more space)

SPILL?

Spill in parking lot

Spill in reception area

Spill reported to the regulatory authority MSD at 204.944.4888 (as per Sect 10.5 of collection manual)?

Chemicals involved in spill: _____

Customer caused the spill

Type of surface spilled on:

gravel asphalt concrete wood other

FIRE?

Fire in paint aerosol drum

Fire in HHW drum

Fire in parking lot

Fire department called

Fire in other location: _____

Fire in paint tubskids

Fire in HHW tubskid

Fire in reception area

Fire extinguishers used

*If yes, the unit(s) must be serviced

PROPERTY DAMAGE?

Tubskid / drums / pails

Other equipment

Building

Other property damaged

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3. Description

Describe the incident in detail: (This includes exposure to chemicals, smoke, chemical inhalation and bodily injuries, as well as property damage. If a spill occurred, explain what was spilled, what happened to the spilt material, the outcome and any other information that is important to this incident) – Use additional paper if necessary.

Describe your response effort: (What did you do?) – Use additional paper if necessary

Did staff wear protective gear (PPE)?

YES NO

Was anyone hurt?

YES (if so, please attach a copy of the WCB MB Form and Record to this report) NO

What are your suggestions to help prevent this incident from happening in the future?

4. Need replacement spill kit materials?

• Either call the number below or tick your required material (you cannot order more than what is indicated below)

<input type="checkbox"/> Disposal Bag x 1	<input type="checkbox"/> Spill Response Mini Poster x 1	<input type="checkbox"/> Universal Spill Socks 2 x 4'
<input type="checkbox"/> Oil Pads x 50	<input type="checkbox"/> Absorbent	<input type="checkbox"/> Eye Wash Bottle x 1

Telephone and report the incident immediately on the emergency telephone line if the spill involves more than 8 litres (2 gallons) of paint, if the spill escapes into the environment (runs into grass or gravel, enters a storm drain, etc.) or if there is an injury or fire. Please complete the information and fax or email (with other forms if applicable) to PCA.

Employee Name _____

Signature _____

Manager Name _____

Signature _____

Forms may not be current due to changes in processes, regulations and procedures. Updates will be provided to your collection site as required and posted on www.productcare.org. Please ensure you are using the most updated version of this form.
Effective April 2018