# LIGHTRECYCLE INCIDENT REPORT FORM

*Only complete this form if five (5) or more lamps were broken at one time*

## 1. Collection Site Details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depot Name</td>
<td></td>
</tr>
<tr>
<td>Depot Location</td>
<td></td>
</tr>
<tr>
<td>Employee Name</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
<tr>
<td>Date of incident</td>
<td></td>
</tr>
<tr>
<td>Time of incident</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Incident Details:

- **Number of lamps broken:**
  - [ ] Five (5)
  - [ ] Six (6) to nine (9)
  - [ ] Ten + (10+)
  - [ ] Box dropped

  If the box was dropped and resulted in broken glass, please answer the following questions:
  - Did any broken glass spill onto the floor?
    - [ ] YES
    - [ ] NO
  - The box was dropped while:
    - [ ] Packing
    - [ ] On site movement
    - [ ] Shipping

## 3. Description:

Please describe the incident in detail (use additional paper if necessary):

- Did staff wear protective gear during clean up (PPE)?
  - [ ] YES
  - [ ] NO

- **Was anyone hurt?** (If yes, please attach a copy of the WCB MB Form and Record to this report)
  - [ ] YES
  - [ ] NO

- **Do you have suggestions to help prevent this incident from happening in the future?**

- **Do you need a replacement spill kit?**
  - [ ] YES
  - [ ] NO

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**Employee Name** ______________________________ **Signature** ______________________________

**Manager Name** ______________________________ **Signature** ______________________________

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*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](http://www.productcare.org). Please ensure you are using the most updated version of this form.*

*Effective April 2018*