NEWFOUNDLAND & LABRADOR PAINT RECYCLING PROGRAM EMERGENCY and/or INCIDENT REPORT (appendix D)

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Depot Name:			
Depot Loc	cation:		
Employee	Name:		
Telephone	e Number:		
Date of in	cident:	Time of incident:	
Check one of the following emergencies and fill out the appropriate information: (Attach a separate form if you need more space)			
□SPILL?			
☐ Spill i	n parking lot	Customer caused the spill	
Spill in	n reception area	Type of surface spilled on	
		☐ gravel ☐ asphalt ☐ concrete ☐ wood	
	caused chemical reaction, if so list nemicals involved (if known):	Spill in other area:	
□FIRE?			
☐ Fire i	in parking lot	Fire in reception area	
Fire i	in paint aerosol drum	Fire in paint tubskids	
Fire I	Department called	Fire extinguishers used (If so, the unit(s) must be serviced)	
☐ Fire in	any other location		
□PROPERTY DAMAGE?			
☐ Equip	ment Damaged	Building Damaged	
	kid damaged	Other property damaged	
			

EMERGENCY AND/OR INCIDENT REPORT

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Manager Name	Signature	
Employee Name	Signature	
EMERGENCY TELEPHONE (24 HOURS) 1-888-772-9772	Email: lori@productcare.org Fax: 1-866-975-2982	
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 (and other forms if applicable) to PCA.		
If yes, please attach a copy of the WCB MB Form and Record to this report What are your suggestions to help prevent this incident from happening in the future?		
	■ NO	
Was anyone hurt?		
Was staff wearing p	protective gear?	
Describe your response effort (what did you	ı do?) – Use additional paper if necessary	
inhalation and bodily injuries, as well as property dam other information that is important to this incident		