Depot Name: __________________________________________________________
Depot Location: _________________________________________________________
Employee Name: _________________________________________________________
Telephone Number: ________________________________________________________
Date of incident: ______________ 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 in parking lot
☐ Spill in reception area
☐ Spill caused chemical reaction, if so list the chemicals involved (if known):
☐ Customer caused the spill
☐ Type of surface spilled on
   ☐ gravel ☐ asphalt ☐ concrete ☐ wood
☐ Spill in other area:

☐ FIRE?
☐ Fire in parking lot
☐ Fire in paint aerosol drum
☐ Fire Department called
☐ Fire in reception area
☐ Fire in paint tubskids
☐ Fire extinguishers used (If so, the unit(s) must be serviced)
☐ Fire in any other location________________________________________________________

☐ PROPERTY DAMAGE?
☐ Equipment Damaged
☐ Tubskid damaged
☐ Building Damaged
☐ Other property damaged
________________________________________________________
Describe in detail the incident, or accident (This includes exposure to chemicals, smoke, chemical inhalation and bodily injuries, as well as property damage. If a spill occurred, what was spilled, 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

Was staff wearing protective gear?
☐ YES ☐ NO

Was anyone hurt?
☐ YES ☐ NO

If yes, please attach a copy of the WorksafeNB Form and Record to this report

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

Telephone and report the incident immediately on the emergency telephone line if the spill involves more than 2 gallons of paint or if the spill escapes into the environment or if there is an injury or fire. Please complete the information and fax or email (and other forms if applicable) to Product Care.

EMERGENCY TELEPHONE (24 HOURS) 1-888-772-9772  
Email: kathy@productcare.org  
Fax: 1-604-592-2982

Employee Name ___________________________  Signature__________________________

Manager Name ___________________________  Signature__________________________