

## **INCIDENT REPORT FORM**

## EMERGENCY TELEPHONE: 1.877.592.2972 (24 hours)

1. Collection Site Details						
Depot Name:						
Depot Loc	ation:					
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)						
SPIL	L?					
	Spill in parking	lot		Customer caused the spill		
	Spill in receptic	on area		Type of surface spilled on: gravel □ asphalt □ concrete □ wood □ other		
	Spill reported to the regulatory authority MSD at 204.944.4888 (as per Sect 10.5 of collection manual)?					
	Chemicals invo	lved in spill:				
	?					
	Fire in paint a	erosol drum		Fire in paint tubskids		
	Fire in HHW di			Fire in HHW tubskid		
	Fire in parking			Fire in reception area		
	Fire departme	nt called		Fire extinguishers used *If yes, the unit(s) must be serviced		
	Fire in other lo	ocation:				
PROPERTY DAMAGE?						
	Tubskid / drum	s / pails		Building		
	Other equipme	nt		Other property damaged		



3. Description						
Describe the incident in detail: (This includes exposure to chemi	cals, 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 incid	dent) – Use additional paper if necessary.					
Describe your response effort: (What did you do?) – Use additio	nal paper if necessary					
Did staff wear protective gear (PPE)?						
LI YES						
Was anyone hurt?						
YES (if so, please attach a copy of the WCB MB NO Form and Record to this report)						
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 ca	nnot order more than what is indicated below)					
Disposal Bag x 1 Absorbent	Universal Spill Socks 2 x 4'					
Absorbent Pads x 50	Eye Wash Bottle Kit x 2					
Telephone and report the incident immediately on the emergence (2 gallons) of paint, if the spill escapes into the environment (run there is an injury or fire. Please complete the information and fac Care.	s into grass or gravel, enters a storm drain, etc.) or if					
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.