Send completed form by the 10th of <u>every month</u> to either:

Email: mbopspaint@productcare.org

Fax: 1.866.975.2982



MONTHLY INSPECTION FORM

1. Collection Site Details	
MONTH:	YEAR:
DEPOT NAME:	TODAY'S DATE:
YOUR NAME	SIGNATURE:
2. Please mark each box - Check (✓) if statement correct, or cross (✗) if attention needed (Add comments underneath each space if needed)	
☐ Tubskids and drums are in good condition	Total number of all tubskids on site (print)
All current staff have been trained by Product Care	Total number of drums on site (print)
Collection area is clean and organized	Signs are clean, in place and readable
Program promotional material available	Depot is locked and secured after hours
Collection site guidelines are available to staff	☐ No regulatory infractions received this month
☐ No spills this month reported	Spill kits (HHW & lights) complete, ready for use
If yes, they were reported to Product Care (provide date and circle how they were submitted below)	If no, complete section 3 below
Date: Emailed / Faxed	
3. Need spill kit / safety materials?	
If Spill Kit or replacement supplies in the kit are required, the incident report should be filled in and section 4 on the report completed. Send completed form to: mbopspaint@productcare.org	
4. Need promotional materials?	
Order Promotional materials at: https://www.productcare.org/service-partners/promotion-and-education/	
5. Other: Please provide any additional comments:	