

PRODUCT CARE

SPILLS

All accidents involving products collected under this program must be reported to the program office at 1-888-772-9772.

Small spills can be dealt with by depot workers using the following six steps.

1. Ensure personal safety

Put on the protective gear provided in the spill kit.

2. Stop the flow

Place the spilling container upright or in a position where the least amount will spill or place something under it to catch the spill.

3. Secure the area

Restrict entry into the spill area to those controlling the spill.

4. Contain the spill

If necessary, protect drains, then place absorbent on the spill or place barriers to keep the spill inside a small area.

5. Clean up the spill

Collect all the spilled material with absorbent and place it in plastic bags along with any used spill control supplies, contaminated protective clothing and cleaning materials.

Seal the bags and place them in a tote for disposal.

Put a label on the tote to identify the contents and place the tote in the appropriate tubskid.

Remove any clothing that may be contaminated. Wash thoroughly to remove spilled material from your hands or body. Replace any used spill control supplies.

6. Report the spill

Report the spill to the program office at **1-888-772-9772**. File an Emergency and/or Incident Report form immediately with Product Care.

**PRODUCT CARE ASSOCIATION
EMERGENCY and/or INCIDENT REPORT**

(Page 1 of 2)

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?

- | | |
|--|--|
| <input type="checkbox"/> Spill in parking lot | <input type="checkbox"/> Customer caused the spill |
| <input type="checkbox"/> Spill in reception area | <input type="checkbox"/> Type of surface spilled on θ gravel θ asphalt θ concrete θ wood |
| <input type="checkbox"/> Spill caused chemical reaction, if so list the chemicals involved (if known)
_____ | <input type="checkbox"/> Spill in other area _____
_____ |

FIRE?

- | | |
|---|--|
| <input type="checkbox"/> Fire in parking lot | <input type="checkbox"/> Fire in reception area |
| <input type="checkbox"/> Fire in paint aerosol tubskids | <input type="checkbox"/> Fire in paint tubskids |
| <input type="checkbox"/> Fire Department called | <input type="checkbox"/> Fire extinguishers used (If so, the unit(s) must be serviced) |
| <input type="checkbox"/> Fire in any other location _____ | |

PROPERTY DAMAGE?

- | | |
|--|--|
| <input type="checkbox"/> Equipment Damaged | <input type="checkbox"/> Building Damaged |
| <input type="checkbox"/> Tubskid damaged | <input type="checkbox"/> Other property damaged
_____ |

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**PRODUCT CARE STEWARDSHIP PROGRAM
EMERGENCY AND/OR INCIDENT REPORT**

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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

Describe your response effort (what did you do?)

Was staff wearing protective gear

YES

NO

Was anyone hurt?

YES

NO

If yes, please attach a copy of the WCB 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. Please complete the information and fax or mail (and other forms if applicable) to Product Care. The mailing address, fax, and emergency telephone number are below:

12337 82A Ave., Surrey, BC V3W 0L5

FAX: (604) 592-2982

EMERGENCY TELEPHONE (24 HOURS)

1-888-772-9772

Employee name: _____

Signature _____

Manager name: _____

Signature _____