

**MANITOBA PAINT RECYCLING PROGRAM
EMERGENCY and/or INCIDENT REPORT (appendix D)**

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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

Customer caused the spill

Spill in reception area

Type of surface spilled on

gravel asphalt concrete wood

Spill caused chemical reaction, if so list the chemicals involved (if known):

Spill in other area:

FIRE?

Fire in parking lot

Fire in reception area

Fire in paint aerosol drum

Fire in paint tubskids

Fire Department called

Fire extinguishers used (If so, the unit(s) must be serviced)

Fire in any other location _____

PROPERTY DAMAGE?

Equipment Damaged

Building Damaged

Tubskid damaged

Other property damaged

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) – 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 WorksafeMB 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: lori@productcare.org
Fax: 1-866-975-2982

Employee Name _____

Signature _____

Manager Name _____

Signature _____