

Manitoba Paint Recycling Program (appendix B)

email or fax completed form monthly to:

Email: lori@productcare.org

Fax: 1-866-975-2982

Monthly Paint Depot Inspection Checklist

Month _____ Year _____

Please mark each box - Check (✓) if Okay or Cross (✗) if Attention Needed

<input type="checkbox"/> Tubskids & lids are in good condition.	<input type="checkbox"/> Total Number of tubskids on site (write) _____ (please include all tubs on site in this total)
<input type="checkbox"/> Spill Kits complete and ready for use.	<input type="checkbox"/> Total Number of drums on site (write) _____
<input type="checkbox"/> All current staff have been trained.	<input type="checkbox"/> 'Paint Collection Depot' & 'Product Guideline' signs are clean, in place and readable.
<input type="checkbox"/> Collection area is clean and organized	<input type="checkbox"/> Depot is locked and secured after hours.
<input type="checkbox"/> Program Brochures available.	<input type="checkbox"/> No Regulatory Infractions
<input type="checkbox"/> Depot Guidelines are available to staff.	<input type="checkbox"/> No Spills

Please provide comments on the above items that have a cross (✗) and list any items you need:

_____	_____
Depot Name	Date
_____	_____
Person completing Form (please print name)	Signature

