



LightRecycle INCIDENT REPORT

Only fill out this incident report if five (5) or more lamps were broken at one time.

Depot Name _____

Depot Address _____

Telephone Number _____

Date of Incident _____ Time of Incident _____

of Lamps Broken Five (5) Six (6) to nine (9) 10+ Box dropped

If the box dropped and resulted in broken glass, please answer the following questions:

Did any broken glass spill onto the floor? Yes No

Did the box drop during: Packing In-store movement Shipping

Please describe the incident (use additional paper if needed):

Was staff wearing protective gear to clean up? Yes No

Was anyone injured? 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 type of incident from happening in the future?

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:

#105 West 3rd Ave , Vancouver, V5Y1E6 FAX: 604-592-2982
EMERGENCY TELEPHONE (24 HOURS) 1-877-592-2972

Employee Name _____ Signature _____

Manager Name _____ Signature _____