



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

Collection Site Name:			
Collection Site Location:			
Employee Name:			
Phone Number:			
Date of incident:		Time of incident:	
Instructions:	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	Type of surface spilled on:
<input type="checkbox"/> Spill in reception area	
<input type="checkbox"/> Spill in other area: _____	
<input type="checkbox"/> Customer caused spill	
<input type="checkbox"/> Spill caused chemical reaction Chemicals involved in reaction (if known): _____	
<input type="checkbox"/> Gravel	
<input type="checkbox"/> Asphalt	
<input type="checkbox"/> Concrete	
<input type="checkbox"/> Wood	

FIRE?

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

PROPERTY DAMAGE?

<input type="checkbox"/> PCA Equipment damaged	<input type="checkbox"/> PCA drum damaged
<input type="checkbox"/> Tubskid damaged	<input type="checkbox"/> Other property damaged: _____

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, 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?

Phone and report the incident immediately on the emergency phone line. Please complete the information and email or fax to Product Care. The email, fax, and emergency telephone number are below:

Email:	nlospaint@productcare.org		
Emergency Telephone:	1.888.772.9772 (24 hours)		
Fax:	604.592.2982		
Employee Name:		Signature:	
Manager Name:		Signature:	