

Send completed form to either:

Email: [mbdispatchlights@productcare.org](mailto:mbdispatchlights@productcare.org)

Fax: 1.866.975.2982

Or Call: 1.888.811.6234



## LIGHTRECYCLE INCIDENT REPORT FORM

*Only complete this form if five (5) or more lamps were broken at one time*

### 1. Collection Site Details

Depot Name: \_\_\_\_\_

Depot Location: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Time of incident: \_\_\_\_\_

### 2. Incident Details:

Number of lamps broken:

Five (5)

Six (6) to nine (9)

Ten + (10 +)

Box dropped

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

Did any broken glass spill onto the floor?

YES

NO

The box was dropped while:

Packing

On site movement

Shipping

### 3. Description:

Please describe the incident in detail (use additional paper if necessary):

Did staff wear protective gear during clean up (PPE)?

YES

NO

Was anyone hurt? (If yes, please attach a copy of the WCB MB Form and Record to this report)

YES

NO

Do you have suggestions to help prevent this incident from happening in the future?

Do you need a replacement spill kit?

YES

NO

Employee Name \_\_\_\_\_

Signature \_\_\_\_\_

Manager Name \_\_\_\_\_

Signature \_\_\_\_\_

Forms may not be current due to changes in processes, regulations and procedures. Updates will be provided to your collection site as required and posted on [www.productcare.org](http://www.productcare.org). Please ensure you are using the most updated version of this form.

Effective April 2018