



**PAINT RECYCLING PROGRAM  
EMERGENCY and/or INCIDENT REPORT  
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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?**

- |   |   |
|---|---|
| <input type="checkbox"/> Spill in parking lot   | <input type="checkbox"/> Customer caused the spill  |
| <input type="checkbox"/> Spill in reception area  | <input type="checkbox"/> Type of surface spilled on<br><input type="checkbox"/> gravel <input type="checkbox"/> asphalt <input type="checkbox"/> concrete <input type="checkbox"/> wood |
| <input type="checkbox"/> Spill caused chemical reaction, if so list the chemicals involved (if known):<br>_____ | <input type="checkbox"/> Spill in other area:<br>_____  |

**FIRE?**

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

**PROPERTY DAMAGE?**

- |  |  |
|--|--|
| <input type="checkbox"/> Equipment Damaged | <input type="checkbox"/> Building Damaged                |
| <input type="checkbox"/> Tubskid damaged   | <input type="checkbox"/> Other property damaged<br>_____ |



**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

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**Describe your response effort** (what did you do?) – Use additional paper if necessary

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**Was staff wearing protective gear?**

YES

NO

**Was anyone hurt?**

YES

NO

If yes, please attach a copy of the WorksafeNB Form and Record to this report

**What are your suggestions to help prevent this incident from happening in the future?**

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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: [kathy@productcare.org](mailto:kathy@productcare.org)  
Fax: 1-604-592-2982

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

Signature \_\_\_\_\_

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

Signature \_\_\_\_\_