



105 West 3rd Avenue
 Vancouver, BC, V5Y 1E6
 604-592-2972
 Toll Free: 1-877-592-2972
 Fax: 604-592-2982
 bcospaint@productcare.org

EMERGENCY and/or INCIDENT REPORT

Collection Site Name:			
Collection Site Location:			
Employee Name:			
Phone Number:			
Date of incident:		Time of incident:	
Were other programs involved? If yes, please list:		Were regulators involved/contacted? If yes, please list:	
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 <input type="checkbox"/> Spill in reception area <input type="checkbox"/> Spill in other area: _____ <input type="checkbox"/> Spill caused chemical reaction Chemicals involved in reaction (if known): _____	<input type="checkbox"/> Customer caused spill Quantity Spilled: _____ Type of surface spilled on: <input type="checkbox"/> Gravel <input type="checkbox"/> Concrete <input type="checkbox"/> Asphalt <input type="checkbox"/> Wood
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FIRE?

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

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

<input type="checkbox"/> Lifting or carrying injury <input type="checkbox"/> Slip & fall accident	<input type="checkbox"/> Inhalation or exposure to chemicals or fumes <input type="checkbox"/> Other: _____
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Describe in detail the incident or accident including any events leading up to and immediately following. This also 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. Once form is complete, please email or fax to Product Care using the contact information below.

Email:	BCospaint@productcare.org	
Emergency Telephone:	1-877-592-2972, Ext 6 (available 24 hours)	
Fax:	604-592-2982	
Employee Name:		Signature:
Manager Name:		Signature: