Send completed form to either:

Email: <a href="mbopspaint@productcare.org">mbopspaint@productcare.org</a>

Phone: 604.592.2927. Fax: 1.866.975.2982



## **INCIDENT REPORT FORM**

**EMERGENCY TELEPHONE: 1.877.592.2972 (24 hours)** 

1. Collection Site Details		
Depot Name:		
Depot Location:		
Employee Name:		
Telephone Number:		
Date of incident:	Time of incident:	
2. Check one of the following emergencies and fill out the appropriate information:  (Attach a separate form if you need more space)		
☐ SPILL?		
Spill in parking lot	Customer caused the spill	
Spill in reception area	☐ Type of surface spilled on:☐ gravel ☐ asphalt ☐ concrete ☐ wood ☐ other	
Spill reported to the regulatory authority MSD at 204.944.4888 (as per Sect 10.5 of collection manual)?		
Chemicals involved in spill:		
☐ FIRE?		
Fire in paint aerosol drum	Fire in paint tubskids	
Fire in HHW drum	Fire in HHW tubskid	
Fire in parking lot	Fire in reception area	
Fire department called	Fire extinguishers used *If yes, the unit(s) must be serviced	
Fire in other location:	in yes, the unit(s) must be serviced	
The in other location.		
□ PROPERTY DAMAGE?		
Tubskid / drums / pails	Building	
Other equipment	Other property damaged	

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3. Description		
Describe the incident in detail: (This includes exposure to chemicals, smoke, c	• •	
well as property damage. If a spill occurred, explain what was spilled, what happened to the spilt material, the		
outcome and any other information that is important to this incident) – Use additional paper if necessary.		
Describe your response effort: (What did you do?) – Use additional paper if necessary		
Did staff wear protective gear (PPE)?		
☐ YES ☐ NO		
Was anyone hurt?		
YES (if so, please attach a copy of the WCB MB NO Form and Record to this report)		
What are your suggestions to help prevent this incident from happening in the future?		
4. Need replacement spill kit materials?		
• Either call the number below or tick your required material (you cannot order more	e than what is indicated below)	
☐ Disposal Bag x 1 ☐ Absorbent	Universal Spill Socks 2 x 4'	
Absorbent Pads x 50	Eye Wash Bottle Kit x 2	
Telephone and report the incident immediately on the emergency telephone line if the spill involves more than 8 litres (2 gallons) of paint, if the spill escapes into the environment (runs into grass or gravel, enters a storm drain, etc.) or if there is an injury or fire. Please complete the information and fax or email (with other forms if applicable) to Product Care.		
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 <a href="https://www.productcare.org">www.productcare.org</a>. Please ensure you are using the most updated version of this form.