

## PAINT & HHW INCIDENT REPORT

**Emergency Telephone: 1-888-772-9772 x 6 (24 hours)**

|   |  |   |  |
|---|--|---|--|
| <b>Collection Site Name:</b>                              |  |   |  |
| <b>Collection Site Location:</b>                          |  |   |  |
| <b>Employee Name:</b>                                     |  |   |  |
| <b>Phone Number:</b>                                      |  |   |  |
| <b>Date of incident:</b>                                  |  | <b>Time of incident:</b>  |  |
| <b>Were other programs involved? If yes, please list:</b> |  | <b>Were regulators involved/contacted? If yes, please list:</b> |  |

**1. 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<br><input type="checkbox"/> Spill in reception area<br><input type="checkbox"/> Spill in other area: _____<br><input type="checkbox"/> Spill caused chemical reaction<br>Chemicals involved in reaction (if known):<br>_____ | <input type="checkbox"/> Customer caused spill<br><br>Quantity Spilled: _____<br><br>Type of surface spilled on:<br><input type="checkbox"/> Gravel <input type="checkbox"/> Concrete<br><input type="checkbox"/> Asphalt <input type="checkbox"/> Wood |
|--|---|

**FIRE?**

|   |  |
|---|--|
| <input type="checkbox"/> Fire in parking lot<br><input type="checkbox"/> Fire in reception area<br><input type="checkbox"/> Fire in other area: _____<br><input type="checkbox"/> Fire Department called<br><input type="checkbox"/> Fire extinguishers used<br>(if so, the unit(s) must be serviced) | <input type="checkbox"/> Product in Collection Container:<br>_____<br><br>Fire was in collection container type:<br><input type="checkbox"/> Tubskid <input type="checkbox"/> Pail<br><input type="checkbox"/> Drum <input type="checkbox"/> Other:<br>_____ |
|---|--|

**PROPERTY DAMAGE?**

|  |  |
|--|--|
| <input type="checkbox"/> Tubskid(s) damaged<br><input type="checkbox"/> PCA Equipment damaged<br>_____ | <input type="checkbox"/> Product Care drum(s) damaged<br><input type="checkbox"/> Other property damaged:<br>_____ |
|--|--|

OTHER?

- Lifting or carrying injury
- Slip & fall accident

- Inhalation or exposure to chemicals or fumes
- Other: \_\_\_\_\_

## 2. Description

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. Use additional paper if necessary

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

Was staff wearing protective gear?

- Yes
- No

Was anyone hurt?

- Yes
- No

If yes, attach a copy of the Workers Compensation Form and Record to this report.

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

## 3. Need replacement spill kit materials?

Either call the number below or tick your required material (you cannot order more than what is indicated below)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Disposal Bag x 1 | <input type="checkbox"/> Spill Response Mini Poster x 1 | <input type="checkbox"/> Universal Spill Socks 2 x 4' |
| <input type="checkbox"/> Oil Pads x 50    | <input type="checkbox"/> Absorbent                      | <input type="checkbox"/> Eye Wash Bottle x 1          |

Phone and report the incident immediately on the emergency phone line if spill involves more than 4L (1 gal) of paint, if spill escapes into environment (i.e. runs into grass or gravel, enters storm drain or water way) or if there is an injury or fire. Once form is complete, please email or fax to Product Care (with other forms if applicable) using the contact information below.

**Emergency Telephone:** 1-877-592-2972, Ext 6 (available 24 hours)

**Email:** om@productcare.org

**Fax:** 604-592-2982

**Employee Name:**

**Signature:**

**Manager Name:**

**Signature:**