



Email or fax completed form **monthly** to:

Email: nlops@productcare.org

Fax: 1-866-975-2982

## Newfoundland & Labrador Recycling Program

# Monthly Paint Collection Site Inspection Checklist

Month \_\_\_\_\_ Year \_\_\_\_\_

**Please mark each box - Check (✓) if Okay or Cross (✗) if Attention Needed**

- |   |  |
|---|--|
| <input type="checkbox"/> Tubskids & lids are in good condition.             | <input type="checkbox"/> Total Number of tubskids on site (write) _____<br>(please include all tubs on site in this total) |
| <input type="checkbox"/> Spill Kits complete and ready for use.             | <input type="checkbox"/> Total Number of drums on site (write) _____   |
| <input type="checkbox"/> All current staff have been trained.               | <input type="checkbox"/> 'Paint Collection' sign is clean, in place and readable.  |
| <input type="checkbox"/> Collection area is clean and organized             | <input type="checkbox"/> Collection site is locked and secured after hours.  |
| <input type="checkbox"/> Program Brochures available.                       | <input type="checkbox"/> No Regulatory Infractions   |
| <input type="checkbox"/> Collection Site Guidelines are available to staff. | <input type="checkbox"/> No Spills   |

*Please provide comments on the above items that have a cross (✗) and list any items you need:*

\_\_\_\_\_  
**Collection Site Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Person completing Form (please print name)**

\_\_\_\_\_  
**Signature**