



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

Email: nsops@productcare.org

Fax: 1-866-975-2982

Nova Scotia 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) _____ (please include all tubs on site in this total)
<input type="checkbox"/> Spill Kits complete and ready for use.	<input type="checkbox"/> 'Paint Collection' sign is clean, in place and readable.
<input type="checkbox"/> All current staff have been trained.	<input type="checkbox"/> Collection site is locked and secured after hours.
<input type="checkbox"/> Collection area is clean and organized	<input type="checkbox"/> No Regulatory Infractions
<input type="checkbox"/> Program Brochures available.	<input type="checkbox"/> No Spills
<input type="checkbox"/> Collection Site Guidelines are available to staff.	

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