

Hazardous Waste Summary Report Form

SERIAL NUMBER

WASTE GENERATOR DETAILS		
NAME OF ORGANISATION		
TYPE OF INDUSTRY/FACILITY	ANSIC CODE	
POSTAL ADDRESS	SUBURB/CITY	
STREET ADDRESS	SUBURB/CITY	
CONTACT NAME	TITLE	
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
REPORTING PERIOD to		
SIGNATURE		
I confirm that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted.		
NAME (PRINT)	SIGNATURE	DATE

INFORMATION ON WASTE MINIMISATION EFFORTS DURING REPORTING PERIOD

HAZARDOUS WASTE SUMMARY REPORT FORM (cont'd)

HAZARDOUS WASTE SUMMARY INFORMATION		
WASTE DESCRIPTION		
L-CODE	W-CODE W	D/R CODE D or R
QUANTITY GENERATED (m ³ /TONNES)		
QUANTITY STORED ON-SITE (list maximum quantity stored at any time during year) (m ³ /TONNES)		
QUANTITY TREATED ON-SITE (m ³ /TONNES)		
QUANTITY DISPOSED OF ON-SITE (m ³ /TONNES)		
QUANTITY RECYCLED/REUSED/RECOVERED ON-SITE (m ³ /TONNES)		
QUANTITY TRANSPORTED OFF-SITE BY VEHICLE (m ³ /TONNES)		
QUANTITY DISCHARGED TO A PUBLIC SEWAGE TREATMENT PLANT VIA THE SEWERAGE SYSTEM (m ³)		

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