

Hazardous Waste Transfer Form

SERIAL NUMBER

HAZARDOUS WASTE GENERATOR DETAILS			
NAME OF ORGANISATION		ANZSIC CODE	
POSTAL ADDRESS		SUBURB/CITY	
STREET ADDRESS		SUBURB/CITY	
CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
HAZARDOUS WASTE DETAILS			
WASTE DESCRIPTION		QUANTITY (m ³ /TONNES)	
FORM OF CONTAINED HAZARDOUS WASTE <input type="checkbox"/> SOLID <input type="checkbox"/> SOIL LIKE <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS <input type="checkbox"/> POWDER <input type="checkbox"/> PASTE			
DANGEROUS GOOD? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTAINER TYPE	NUMBER OF CONTAINERS	
L-CODE	W-CODE W	D/R CODE D or R	
HAZARDOUS WASTE TRANSPORTER DETAILS			
NAME OF ORGANISATION		VEHICLE REGISTRATION NUMBER	
POSTAL ADDRESS		SUBURB/CITY	
STREET ADDRESS		SUBURB/CITY	
CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
HAZARDOUS WASTE RECIPIENT DETAILS			
NAME OF ORGANISATION			
POSTAL ADDRESS		SUBURB/CITY	
STREET ADDRESS		SUBURB/CITY	
CONTACT NAME	PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
SIGNATURES			
WASTE GENERATOR	WASTE TRANSPORTER	WASTE RECIPIENT	
DATE	DATE	DATE	
SIGNATURE	SIGNATURE	SIGNATURE	