

WASTE SHIPMENT RECORD

WSR # _____

RQ ASBESTOS, 9, NA 2212, PG III**GENERATOR**

1 Work Site Name (Installation/Facility): _____
Location (Bldg. # & Street Name): _____
Mailing Address: _____ County: _____
Owner's Name: _____ Owner's Phone: _____

2 Operator's Name: _____ Contractor ID Number: _____
Mailing Address: _____
Contact Person: _____ Operator's Phone: _____

3 Waste Disposal Site (WDS) Name: _____
WDS Mailing Address: _____ WDS Phone: _____
WDS Physical Site Location: _____

4 Name, and Address of Responsible Agency (Agency where notification was sent): _____

5	6. Description of Waste Materials	6. Containers		7. Total Quantity (cubic yards)
		Number	Type	
6				
7				

8 Special handling instructions and additional information (include emergency response phone number) _____

9 OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked, and labeled/placarded and are in all respects in proper condition for transport according to applicable national governmental regulations.

Printed/Typed Name _____ Title _____ Signature _____ Date _____

TRANSPORTER

10 TRANSPORTER 1 (Acknowledgement of receipt of waste materials)
Name: _____ Phone: _____
Address: _____
Printed/Typed Name _____ Title _____ Signature _____ Date _____

11 TRANSPORTER 2 (Acknowledgement of receipt of waste materials)
Name: _____ Phone: _____
Address: _____
Printed/Typed Name _____ Title _____ Signature _____ Date _____

WASTE DISPOSAL SITE

12 Discrepancy indication space: _____

Optional Disposal Location		
Index		Depth
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13 WASTE DISPOSAL SITE CERTIFICATION: I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true, accurate, and complete except as noted in item 12.

Printed/Typed Name _____ Title _____ Signature _____ Date _____