WASTE COLLECTION LOG

ACTIVITY/COMMAND: INSTALLATION: ADDRESS/BLDG. NO.: EO NAME: EO PHONE:				CONTAINER ID NUMBER: ITEM COLLECTED: TYPE OF CONTAINER: CONTAINER SIZE:	
			- "		
			-		
				FINAL CONTAINER WEIGHT:	
	INDICATE "CLOS	ED" UNDER LAST	ENTRY W	HEN CONTAINER IS FULL.	
DATE	ITEM POURED/DEPOSITED	QTY ADDED GAL/LBS	TOTAL		
DATE	(Identify known contaminants)*	(circle unit)	QTY	PRINTED NAME	SIGNATURE
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	,				
CERTIFY THA	on of batteries and gas mask filters, ind AT I HAVE EXAMINED AND AM FAMILIA /OR COLLECTION PROCEDURES TO SU AND THAT I HAVE PROPERLY IDENTIFI	AR WITH THE ABO	OVE LISTEI TIFICATIO	D MATERIAL/WASTE THRO N. I CERTIFY THAT ALL INF	
RINT NAME		SIGNATURE			DATE