

Hazardous Waste Inventory and Manifest (HWIMF) FORM MNO-F004

Associated Work Order #: _____		Page _____ of _____
---------------------------------------	--	---------------------



Waste Generator:	Haz Waste Charge-back Budget Code:
Building Name: _____	
Street Address: _____	Phone: (509) _____
Wenatchee, WA 98801	

Responsible Supervisor: _____
Title: _____

Each section to be completed by individual responsible for that program or area. Building or Department Supervisor is responsible that all procedures are followed appropriately.

CUSTODIAL						COMPLETED BY:			CODES (Use all that apply)		
Item #	Description	Container Type and Condition (All Codes that apply)	Quantity	Category (All Codes that Apply)	Charge-Back Amount	Container Type	<<>>	Category			
1						5 gallon pail	A	Acid			
2						55 Gal. Drum	B	Base			
3						Aerosol Can	C	Corrosive			
4						Cardboard box	D	Oxidizer			
5						Glass Bottle	E	Neutral			
6						Glass Jar	F	Flammable			
						Loose, no container	G	Compressed Gas			
						Metal Container	H	Pesticides			
						Metal Paint Can	I	Inhalation Hazard			
1						Orig. Container	J	Poison/Toxic			
2						Paper Bags	K	Volatile			
3						Plastic bag	L	Light Bulbs			
4						Plastic box	M	Batteries			
5						Plastic Jug	N	Petroleum			
6						Other (detail)	O	Other (detail)			
						Container Condition					
8						Good	1				
9						Open Top	2				
10						Broken	3				
11						Leaking	4				
12						Corroded	5				
13						Other (detail)	6				
14											
15						Use Multiple Sheets as Necessary. Signature on Last Page Only.					
16											

- Instructions:**
1. HWIMF to be filled out, as completely as possible, by person(s) responsible for program which is the source of the Hazardous Materials.
 2. Include budget # for charge-backs of non-M&O hazardous material disposal fees.
 3. Give HWIMF to the Lead Custodian to submit a work order for pickup of Hazardous Materials. Record Work Order # at top.
 4. Lead Custodian to fax or pony a copy of HWIMF to M&O at 663-0244.
 5. All chemicals need to be staged together in one secure area ready for pickup not accessible by students or public.
 6. Original of HWIMF to be placed with materials.
 7. M&O will return a copy of the form with applicable charge back amounts for non-M&O materials which qualify for charge-back.

Responsible Supervisor Signature: _____	Date: _____
--	-------------

Acknowledgement of Pickup by Hazardous Materials Driver/Handler

Name: _____	Title: _____
Signature: _____	Date Received: _____