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Guam Environmental Protection Agency

HAZARDOUS WASTE REPORT _____ (reporting cycle)

WASTE GENERATION AND MANAGEMENT (GM) FORM



1. Waste Characteristics

A. Waste Description						
B. EPA Hazardous Waste Code(s)						
C. State Hazardous Waste Code(s)						
D. Source Code		Management Method (G25)			Country Code (G62)	
E. Form Code		F. Waste Minimization Code			G. Radioactive Mixed <input type="checkbox"/> Y <input type="checkbox"/> N	
H. Quantity		UOM	Density			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. On-site Generation and Management of Hazardous Waste

<input type="checkbox"/> Y <input type="checkbox"/> N	Was any of this waste that was generated at this facility treated, disposed, and/or recycled on-site? If yes, continue to On-site Process System 1.	
Process System 1		Management Method Code
Process System 2		Management Method Code
		Quantity
		Quantity

3. Off-site Shipment of Hazardous Waste

<input type="checkbox"/> Y <input type="checkbox"/> N	A. Was any of this waste that was generated at this facility shipped off-site for storage, treatment, disposal, or recycling? If yes, continue to Site 1.	
Site 1		
B. EPA ID of facility to which waste was shipped		C. Management Method Code
		D. Total Quantity Shipped
Site 2		
B. EPA ID of facility to which waste was shipped		C. Management Method Code
		D. Total Quantity Shipped
Site 3		
B. EPA ID of facility to which waste was shipped		C. Management Method Code
		D. Total Quantity Shipped

4. Comments

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Guam Environmental Protection Agency

HAZARDOUS WASTE REPORT _____ (reporting year)

WASTE RECEIVED FROM OFF-SITE (WR) FORM



1. Waste 1

A. Waste Description					
B. EPA Hazardous Waste Code(s)					
C. State Hazardous Waste Code(s)					
D. EPA ID Number		E. Form Code	F. Management Code		
G. Quantity	UOM	Density			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

2. Waste 2

A. Waste Description					
B. EPA Hazardous Waste Code(s)					
C. State Hazardous Waste Code(s)					
D. EPA ID Number		E. Form Code	F. Management Code		
G. Quantity	UOM	Density			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

3. Waste 3

A. Waste Description					
B. EPA Hazardous Waste Code(s)					
C. State Hazardous Waste Code(s)					
D. EPA ID Number		E. Form Code	F. Management Code		
G. Quantity	UOM	Density			<input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

4. Comments

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Guam Environmental Protection Agency
HAZARDOUS WASTE REPORT
OFF-SITE IDENTIFICATION (OI) FORM

**1. Site 1**

A. EPA ID Number of Off-site Installation or Transporter			
B. Name of Off-site Installation or Transporter			
C. Handler Type (mark all that apply)		<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter
D. Address of Off-site Installation			
Street Address			
City, Town, or Village			
State	Zip Code	Country	

2. Site 2

A. EPA ID Number of Off-site Installation or Transporter			
B. Name of Off-site Installation or Transporter			
C. Handler Type (mark all that apply)		<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter
D. Address of Off-site Installation			
Street Address			
City, Town, or Village			
State	Zip Code	Country	

3. Site 3

A. EPA ID Number of Off-site Installation or Transporter			
B. Name of Off-site Installation or Transporter			
C. Handler Type (mark all that apply)		<input type="checkbox"/> Generator	<input type="checkbox"/> Transporter
D. Address of Off-site Installation			
Street Address			
City, Town, or Village			
State	Zip Code	Country	

4. Comments

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