

EPA ID Number

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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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EPA ID Number

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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 <input type="checkbox"/> Receiving Facility		
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 <input type="checkbox"/> Receiving Facility		
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 <input type="checkbox"/> Receiving Facility		
D. Address of Off-site Installation		
Street Address		
City, Town, or Village		
State	Zip Code	Country

4. Comments

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