

EPA ID Number

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United States 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.	
<b>Process System 1</b>	Management Method Code	Quantity
<b>Process System 2</b>	Management Method Code	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 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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EPA ID Number

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**United States 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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United States 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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