

Annual Hazardous Waste Generator Inventory Report

Generator Information

Company Name:

Address:

Contact Person:

Phone Number:

Email:

Report Period

From:

To:

Hazardous Waste Inventory

Waste Description	EPA Waste Code	Quantity Generated (kg or L)	Storage Location	Disposal Method

Certification

Name of Responsible Person:

Date:

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I hereby certify that the information provided is true and correct to the best of my knowledge.

Submit Report