

ACCUMUL										Waste pick up scheduled for				
Container No.:	Waste Name:	Physical State (Select)		e ct)	Container Size:	ner ContainerType (Select)					2	Manufacturer	Ageof Waste	Remarks
container number, #1, #2, #3, etc. for each waste item being picked up.	Record the type of waste. Please be as specific as possible. If this information is not listed, the waste may have to undergo costly analysis prior to packing and shipping.	Liquid	Solid		Enter the size of the container (such as 5 gallon can, 55 gallon drum, etc.).	Metal	Glass	Plastic	Cardboard	Cloth	Other	material that is now	waste or Accumulation Start Date, is based upon	In this area please enter any additional information that may be helpful to the packaging or shipping party. This could include: PH, components of the waste, container integrity, or anything else that may help in the safe handling of the waste.
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