



DEPARTMENT OF
ECOLOGY
State of Washington

Generation and Management (GM) Form

This form is part of your Dangerous Waste Annual Report.

Department of Ecology
HWTR Annual Reporting Team
PO Box 47658
Olympia WA 98504

- Complete one form for each waste stream.
- Type or print in blue or black ink.
- Questions? Please see the [Annual Reporting Guide](#),¹ email turbowaste@ecy.wa.gov, or call 1-800-874-2022.

EPA/State ID Number:

Reporting Year:

Site Name:

A. Description of dangerous waste stream

A1. Profile Code (optional):

A2. Waste Description:

A3. Federal Waste Codes (list extra codes in the comments):

A4. State Waste Codes:

A5. Designation Code: EHW DW

A6. Is it Mixed Radioactive Waste? No Yes

A7. Source Code: G

A8. Form Code: W

A9. Origin Code: 1 2 3 4 5 (answer A9-a) 6 (answer A12)

A9-a. Management Code: H

A10. Is this Special Waste? No Yes

A11. Is this waste part of an Episodic Waste Generation Event? No Yes

A12. Washington state banned material:

¹ <https://fortress.wa.gov/ecy/publications/SummaryPages/1904034.html>

Accommodation Requests

To request materials in a format for the visually impaired, visit ecology.wa.gov/accessibility, call Ecology at 360-407-6700, Relay Service 711, or TTY 877-833-6341.

B. Waste management activities

B1. Where was this waste stream managed?

Off-Site (skip B1-a) On-Site

B1-a If managed on-site, was this waste managed according to the treatment-by-generator guidance?

No Yes

B1-b. Amount:

Management Code:

B2. Shipments sent off-site

To be completed by Generators, Designated Facilities, and Recyclers. If you need more space, use the addendum on the next page.

Date Shipped (mm/dd/ yyyy)	Manifest Document Number	Internal Tracking Code	Designated Facility Number	Quantity Shipped	Management Code
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B3. Off-site management summary

Designated Facility Number	Management Code	Quantity	Recycling Percent
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B4. Total Managed Quantity:

Choose one: Tons Pounds Kilograms Gallons (if gallons, answer B4-a)

B4-a. Density

Choose one: Pounds per gallon Specific gravity

C. Comments

GM Addendum: B2 Continued

Use this sheet if you need to report more shipments for question B2. If you are using multiple sheets, write your page numbers at the bottom.

Date Shipped (mm/dd/ yyyy)	Manifest Document Number	Internal Tracking Code	Designated Facility Number	Quantity Shipped	Management Code
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