

Off-Site Management (OI) Form

This form is part of your Dangerous Waste Annual Report.

- Type or print in blue or black ink.
 - Questions? Please see the <u>Annual Reporting Guide</u>,¹ email <u>turbowaste@ecy.wa.gov</u>, or call 1-800-874-2022.

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

Your site information

Your EPA/State ID Number:

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Reporting Year:

Site Name:

Off-site dangero	us waste handle	er information			
EPA/State ID Nur					
Name:					
Address:					
City/State/ZIP:			Country:		
Comments:					
Handler Type (check all that apply):					
Generator	Transporter	Designated Facility	Special Waste		
EPA/State ID Number:					
Name:					
Address:					
City/State/ZIP:			Country:		
Comments:					
Handler Type (check all that apply):					
Generator	Transporter	Designated Facility	Special Waste		

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.



Off-site dangerous waste handler information continued

EPA/State ID Number:						
Name:						
Address:						
City/State/ZIP:			Country:			
Comments:						
Handler Type (check all that apply):						
Generator	Transporter	Designated Facility	Special Waste			
EPA/State ID Num	ber:					
Name:						
Address:						
City/State/ZIP:			Country:			
Comments:						
Handler Type (check all that apply):						
Generator	Transporter	Designated Facility	Special Waste			
EPA/State ID Number:						
Name:						
Address:						
City/State/ZIP:			Country:			
Comments:						
Handler Type (check all that apply):						
Generator	Transporter	Designated Facility	Special Waste			

If you are using multiple sheets, write your page numbers below.