



Quarterly Report (Hazardous Waste Generators)

Registration Number	<input type="text"/>
Reporting Date	<input type="text"/>
Reporting Quarter	<input type="text"/>

Please specify the amount of HAZARDOUS WASTE generated by the facility (Indicate Litres or Kilogram)

1. HW Type	<input type="text"/>
1. Generated Month 1	<input type="text"/>
1. Generated Month 2	<input type="text"/>
1. Generated Month 3	<input type="text"/>
1. Generated Total for Quarter	<input type="text"/>
1. Disposal Facility	<input type="text"/>
1. Name of Transporter	<input type="text"/>
1. Treatment Facility	<input type="text"/>
1. Method of Treatment	<input type="text"/>

2. HW Type	<input type="text"/>
2. Generated Month 1	<input type="text"/>
2. Generated Month 2	<input type="text"/>
2. Generated Month 3	<input type="text"/>
2. Generated Total for Quarter	<input type="text"/>
2. Disposal Facility	<input type="text"/>
2. Name of Transporter	<input type="text"/>
2. Treatment Facility	<input type="text"/>
2. Method of Treatment	<input type="text"/>

3. HW Type	<input type="text"/>
3. Generated Month 1	<input type="text"/>
3. Generated Month 2	<input type="text"/>
3. Generated Month 3	<input type="text"/>
3. Generated Total for Quarter	<input type="text"/>
3. Disposal Facility	<input type="text"/>
3. Name of Transporter	<input type="text"/>
3. Treatment Facility	<input type="text"/>
3. Method of Treatment	<input type="text"/>

4. HW Type	<input type="text"/>
4. Generated Month 1	<input type="text"/>
4. Generated Month 2	<input type="text"/>
4. Generated Month 3	<input type="text"/>
4. Generated Total for Quarter	<input type="text"/>
4. Disposal Facility	<input type="text"/>
4. Name of Transporter	<input type="text"/>
4. Treatment Facility	<input type="text"/>
4. Method of Treatment	<input type="text"/>

5. HW Type	<input type="text"/>
5. Generated Month 1	<input type="text"/>
5. Generated Month 2	<input type="text"/>
5. Generated Month 3	<input type="text"/>
5. Generated Total for Quarter	<input type="text"/>
5. Disposal Facility	<input type="text"/>
5. Name of Transporter	<input type="text"/>
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5. Method of Treatment	<input type="text"/>

6. HW Type	<input type="text"/>
6. Generated Month 1	<input type="text"/>
6. Generated Month 2	<input type="text"/>
6. Generated Month 3	<input type="text"/>
6. Generated Total for Quarter	<input type="text"/>
6. Disposal Facility	<input type="text"/>
6. Name of Transporter	<input type="text"/>
6. Treatment Facility	<input type="text"/>
6. Method of Treatment	<input type="text"/>

7. HW Type	<input type="text"/>
7. Generated Month 1	<input type="text"/>
7. Generated Month 2	<input type="text"/>
7. Generated Month 3	<input type="text"/>
7. Generated Total for Quarter	<input type="text"/>
7. Disposal Facility	<input type="text"/>
7. Name of Transporter	<input type="text"/>
7. Treatment Facility	<input type="text"/>
7. Method of Treatment	<input type="text"/>

8. HW Type	<input type="text"/>
8. Generated Month 1	<input type="text"/>
8. Generated Month 2	<input type="text"/>
8. Generated Month 3	<input type="text"/>
8. Generated Total for Quarter	<input type="text"/>
8. Disposal Facility	<input type="text"/>
8. Name of Transporter	<input type="text"/>
8. Treatment Facility	<input type="text"/>
8. Method of Treatment	<input type="text"/>

9. HW Type	<input type="text"/>
9. Generated Month 1	<input type="text"/>
9. Generated Month 2	<input type="text"/>
9. Generated Month 3	<input type="text"/>
9. Generated Total for Quarter	<input type="text"/>
9. Disposal Facility	<input type="text"/>
9. Name of Transporter	<input type="text"/>
9. Treatment Facility	<input type="text"/>
9. Method of Treatment	<input type="text"/>

10. HW Type	<input type="text"/>
10. Generated Month 1	<input type="text"/>
10. Generated Month 2	<input type="text"/>
10. Generated Month 3	<input type="text"/>
10. Generated Total for Quarter	<input type="text"/>
10. Disposal Facility	<input type="text"/>
10. Name of Transporter	<input type="text"/>
10. Treatment Facility	<input type="text"/>
10. Method of Treatment	<input type="text"/>

11. HW Type	<input type="text"/>
11. Generated Month 1	<input type="text"/>
11. Generated Month 2	<input type="text"/>
11. Generated Month 3	<input type="text"/>
11. Generated Total for Quarter	<input type="text"/>
11. Disposal Facility	<input type="text"/>
11. Name of Transporter	<input type="text"/>
11. Treatment Facility	<input type="text"/>
11. Method of Treatment	<input type="text"/>

12. HW Type	<input type="text"/>
12. Generated Month 1	<input type="text"/>
12. Generated Month 2	<input type="text"/>
12. Generated Month 3	<input type="text"/>
12. Generated Total for Quarter	<input type="text"/>
12. Disposal Facility	<input type="text"/>
12. Name of Transporter	<input type="text"/>
12. Treatment Facility	<input type="text"/>
12. Method of Treatment	<input type="text"/>

13. HW Type	<input type="text"/>
13. Generated Month 1	<input type="text"/>
13. Generated Month 2	<input type="text"/>
13. Generated Month 3	<input type="text"/>
13. Generated Total for Quarter	<input type="text"/>
13. Disposal Facility	<input type="text"/>
13. Name of Transporter	<input type="text"/>
13. Treatment Facility	<input type="text"/>
13. Method of Treatment	<input type="text"/>

14. HW Type	<input type="text"/>
14. Generated Month 1	<input type="text"/>
14. Generated Month 2	<input type="text"/>
14. Generated Month 3	<input type="text"/>
14. Generated Total for Quarter	<input type="text"/>
14. Disposal Facility	<input type="text"/>
14. Name of Transporter	<input type="text"/>
14. Treatment Facility	<input type="text"/>
14. Method of Treatment	<input type="text"/>

15. HW Type	<input type="text"/>
15. Generated Month 1	<input type="text"/>
15. Generated Month 2	<input type="text"/>
15. Generated Month 3	<input type="text"/>
15. Generated Total for Quarter	<input type="text"/>
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15. Name of Transporter	<input type="text"/>
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15. Method of Treatment	<input type="text"/>

16. HW Type	<input type="text"/>
16. Generated Month 1	<input type="text"/>
16. Generated Month 2	<input type="text"/>
16. Generated Month 3	<input type="text"/>
16. Generated Total for Quarter	<input type="text"/>
16. Disposal Facility	<input type="text"/>
16. Name of Transporter	<input type="text"/>
16. Treatment Facility	<input type="text"/>
16. Method of Treatment	<input type="text"/>

17. HW Type	<input type="text"/>
17. Generated Month 1	<input type="text"/>
17. Generated Month 2	<input type="text"/>
17. Generated Month 3	<input type="text"/>
17. Generated Total for Quarter	<input type="text"/>
17. Disposal Facility	<input type="text"/>
17. Name of Transporter	<input type="text"/>
17. Treatment Facility	<input type="text"/>
17. Method of Treatment	<input type="text"/>

18. HW Type	<input type="text"/>
18. Generated Month 1	<input type="text"/>
12. Generated Month 2	<input type="text"/>
18. Generated Month 3	<input type="text"/>
18. Generated Total for Quarter	<input type="text"/>
18. Disposal Facility	<input type="text"/>
18. Name of Transporter	<input type="text"/>
18. Treatment Facility	<input type="text"/>
18. Method of Treatment	<input type="text"/>

19. HW Type	<input type="text"/>
19. Generated Month 1	<input type="text"/>
19. Generated Month 2	<input type="text"/>
19. Generated Month 3	<input type="text"/>
19. Generated Total for Quarter	<input type="text"/>
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19. Method of Treatment	<input type="text"/>

20. HW Type	<input type="text"/>
20. Generated Month 1	<input type="text"/>
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20. Name of Transporter	<input type="text"/>
20. Treatment Facility	<input type="text"/>
20. Method of Treatment	<input type="text"/>

I hereby certify to the best of my knowledge and belief that the information submitted in this form is true and complete and that the amounts and values reflected in this form are accurate based on data available to those who have completed this form.