SSP/TAP/90-DAY ASF HAZARDOUS WASTE COLLECTION LOG

The USAG-HI proponent for this form is the Directorate of Public Works

ACTIVITY/COMMAND: _____
BUILDING NO. /INSTALLATION: _____
PRIMARY WASTE BEING COLLECTED: _____
CONTAINER SIZE/ID. NO.: _____
PROCESS GENERATING WASTE: _____

DATE	ITEM POURED	QTY POURED/ DEPOSITED		PRINT NAME	SIGNATURE
		GAL/WT	TOTAL		

I CERTIFY THAT I HAVE EXAMINED AND AM FAMILIAR WITH THE WASTE THROUGH ANALYSIS AND TESTING OR THROUGH COLLECTION PROCEDURES FOR THE WASTE TO SUPPORT THIS CERTIFICATION. I CERTIFY THAT ALL INFORMATION SUBMITTED IS ACCURATE AND THAT I HAVE PROPERLY IDENTIFIED THE WASTE.

PRINT NAME	SIGNATURE

USAG-HI Form 33, Sep 08 (This form replaces 25th ID (L) & USARHAW Form VG-GW-01-02-R-E, Feb 02, which is obsolete)