

CHARACTERIZATION CARD FOR THE ACCEPTANCE OF WASTE

DETAILS OF THE MANUFACTURER / WASTE HOLDER

Manufacturer Holder

Business name _____

Location: _____

Address _____

City _____ Zip code _____ Prov _____

VAT _____ Telephone _____ Fax _____

Email _____

WASTE CLASSIFICATION

C.E.R. Code _____

Special waste NOT dangerous Special waste dangerous

Waste Identification _____

Class (only *Hazardous Wastes) HP: _____

Site and Process of generation _____

Classification of the waste _____

WASTE CHARACTERISTICS

Odorless Unpleasant smell Irritant smell Other

Solid Powder Viscous Sludgy

Liquid

PH (if liquid) _____ Presence of Cyanides YES NO

Kg _____

m³ _____

Temporary Storage _____

(drums / bags / jerrican / composite packaging / containers / bulk)

DESTINATION

Disposal **Recovery**

The undersigned _____
as _____
of the company _____
headquartered in _____
address _____

manufacturer company of the described above waste, under his personal responsibility and in full knowledge of the sanctions provided for false declarations and acts (Art.76 DPR 445/2000),

declares :

That attestations issued originally, type and quantity of the waste correspond to truth and that there is full correspondence between the above and the delivered.

Taking all responsibility for unfaithful statements

To give written notice of any change to the above.

Please return this form duly filled out by mail to info@caurum.it or by fax to [0575/959190](tel:0575959190).

Date

Stamp and signature