Profile #:

RECYCLEPAK® DENTAL WASTE FORM

Please complete this form entirely and place within pail PRIOR to shipping

A.	Generator I	Information	
Na	me:		
Site	e Address:		
City	y, State, Zip:		
Cor	ntact:		
Pho	one:		
EPA	A ID#:		
	General Info	formation ns are included with the RECYCLEPAK®:	
<u>11.</u>	.3 Gallon Poly Pa	<u>rail</u>	
the	e sealed liner pric	ly pail is designed to be used for the shipment of vacuum pump filters and chair side traps. These wastes MUST be point to being placed into the 11.3 gallon poly pail. The total net weight of mercury in the final package must not excess pounds of amalgam).	
	-	t forth in 40 CFR 273.18(d), 40 CFR 273.38(d), and 40 CFL 264.12(b), Veolia agrees to receive shipment of dental was from the Generator.	te, as
c.	Generator C	Certifications	
RE0 rad wa	CYCLEPAK® is not dioactive. The Ge este within the RE	formation submitted in this form contains true and accurate descriptions of this waste. The dental waste enclosed in the contains true and accurate descriptions of this waste. The dental waste enclosed in the necessary of an infectious/regulated medical waste or has been rendered non-infectious. The dental waste in the RECYCLEPAK enerator is a conditionally exempt (very) small quantity generator as defined by US EPA regulations 40 CFR 261.5, or RECYCLEPAK container is otherwise exempted from regulation as a hazardous waste. All relevant information regards in the possession of the generator has been disclosed.	(® is not r the dental
Ge	nerator Signatur	re Title	
Prii	nt Name	Date	

