

UNIFIED PROGRAM CONSOLIDATED FORM

HAZARDOUS WASTE

**RECYCLABLE MATERIALS REPORT – PAGE 1
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

Page ____ of ____

FACILITY ID#		1	EPA ID #		2	
BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)						3
DATES OF REPORTING PERIOD		BEGINNING DATE		500	ENDING DATE	501

I. TYPE OF RECYCLING ACTIVITIES

If yes, please follow instructions.

1. Do you recycle more than 100 kg/month of excluded or exempted recyclable material at the same location at which the material was generated (onsite recycling)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	502	4 If YES, you are both the generator and recycler. Complete one Recyclable Materials Report. Do not complete Parts II and V.
2. Do you recycle more than 100 kg/month of non-manifested, excluded recyclable materials received from an offsite location (offsite recycling)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	503	4 If YES, you are an offsite recycler but not the generator. Complete a Recyclable Materials Report for each generator that sends you materials.

--Businesses that only send recyclable materials to an offsite recyclers are not required to file this report. --

II. OFFSITE GENERATOR OF RECYCLABLE MATERIAL

Only complete when the generator is different from the recycler.

OFFSITE GENERATOR OF RECYCLABLE MATERIAL	504	OFFSITE GENERATOR EPA ID#	505		
STREET ADDRESS		506	PHONE	507	
CITY	508	STATE	509	ZIP CODE	510
MAILING ADDRESS (IF DIFFERENT)					511
CITY	512	STATE	513	ZIP CODE	514

III. CERTIFICATION SECTION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete.

SIGNATURE OF CERTIFIER	DATE	515	NAME OF DOCUMENT PREPARER	516	
NAME OF SIGNER (print)	517	TITLE OF SIGNER			518

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**RECYCLABLE MATERIALS REPORT – PAGE 2
FOR EXCLUDED OR EXEMPTED MATERIALS ONLY**

(one description per material recycled, attach additional pages, if needed)

TOTAL NUMBER OF RECYCLABLE MATERIALS _____ 519 Page ____ of ____

FACILITY ID#		BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)
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**IV. RECYCLABLE MATERIAL INFORMATION
A. DESCRIPTION**

RECYCLABLE MATERIAL NUMBER 520	COMMON NAME OF RECYCLABLE MATERIAL 521	QUANTITY DURING TWO YEAR REPORTING PERIOD 522	UNITS <input type="checkbox"/> a. Gallons <input type="checkbox"/> c. Tons <input type="checkbox"/> b. Pounds <input type="checkbox"/> d. Kilograms 523
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RECYCLABLE MATERIAL DESCRIPTION 524

RECYCLING PROCESS AND BENEFICIAL USE OF RECYCLABLE MATERIAL 525

AUTHORIZING PROVISION OF HSC SECTION 25143.2 526	BASIS FOR CLAIM TO AN EXCLUSION OR EXEMPTION 527
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B. PRODUCT AND CONSTITUENT INFORMATION: OFFSITE ONLY

Only complete if recyclable material was used to make or substitute for a product and operating pursuant to HSC Section 25143.2(b) or (d)(5) or (6).

HAZARDOUS CONSTITUENT	HAZARDOUS CONSTITUENT		LIST FINAL PRODUCT(S) MADE FROM THIS RECYCLABLE MATERIAL AND BENEFICIAL USE OF FINAL PRODUCT(S)
	In Recyclable Material	In Final Product	
528	529	531	533
	UNITS 530 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 532 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
534	535	537	539
	UNITS 536 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 538 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
540	541	543	545
	UNITS 542 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 544 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	
546	547	549	551
	UNITS 548 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	UNITS 550 <input type="checkbox"/> a percent <input type="checkbox"/> b ppm	

If more than four constituents are recycled, attach additional sheets using this same format.

V. DOCUMENTATION OF KNOWN MARKET (Offsite recyclers only)

DOCUMENTATION IS ATTACHED: Offsite recyclers must attach documentation that there was a known market for disposition of the recyclable material and any products manufactured from the recyclable materials and provide copy of this report to the generator when the report is submitted to the CUPA. (HSC Section 25143.10(a)(3)(A)) 552