

INDUSTRIAL WASTE DISPOSAL MANAGEMENT PLAN

FACILITY OPERATIONS & COMPLIANCE DOCUMENT

1. DOCUMENT CONTROL & FACILITY IDENTIFICATION

Facility Name		Document Number	
Facility Location		Effective Date	
Prepared By		Review Date	
Authorized Contact		Contact Number	

2. WASTE GENERATION & CHARACTERIZATION

WASTE STREAM / SOURCE	CLASSIFICATION (HAZARDOUS/NON-HAZ)	PHYSICAL STATE (SOLID/LIQUID/GAS)	EST. VOLUME (PER MONTH)	ON-SITE STORAGE METHOD

3. ON-SITE HANDLING, STORAGE & PACKAGING PROTOCOLS

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4. TRANSPORTATION & OFF-SITE DISPOSAL LOGISTICS

WASTE STREAM	LICENSED TRANSPORTER	PERMITTED DISPOSAL FACILITY (TSDF)	DISPOSAL METHOD (RECYCLE/LANDFILL/INCINERATE)

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5. SPILL RESPONSE & EMERGENCY CONTINGENCY PLAN

6. PLAN APPROVAL & SIGN-OFF

Environmental Health & Safety (EHS) Manager

Signature: Date:

Facility General Manager / Operations Director

Signature: Date: