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**Spent Waste Identification Form**

Complete a separate form for each type of waste you need to dispose of.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Company Name: |  | | | |
| Company Address: |  | | | |
| Contact Person: |  | | Phone: | (\_\_\_) \_\_\_\_-\_\_\_\_\_ |
|  | |  | | |
| General Description of Process: | |  | | |
|  | |  | | |
|  | | | | |
|  | | | | |

Please list all components (include things like water and metal shavings). Do not use acronyms or abbreviations. Attach an SDS for all chemical components. List additional components on the back of this sheet.

|  |  |  |
| --- | --- | --- |
| Component Name: |  | % Composition |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

I certify the information provided is true and accurate according to my knowledge of the process through which this waste was created.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print: |  |
| Phone Number: |  |

**This form must be updated on an annual basis or anytime the process changes.**

LARIMER COUNTY | SOLID WASTE

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