REDISUAL WASTE TRANSPORTATION
DAILY OPERATIONAL RECORD

MONTH _____ YEAR _____

To be kept in the cab of each residual waste transportation vehicle as required by 25 Pa. Code § 299.219(a)

Transporter Data:

Company: _____

Address: _____

_____

Telephone: (_____) _____

Vehicle Plate: _____ State _____

Designated Facility Data:

Name: _____

Address: _____

_____

Telephone: (_____) _____

I.D. Number: _____

DATE	WASTE CLASS	WEIGHT OR VOLUME	GENERATOR NAME	GENERATOR ADDRESS	GEN. STATE	GENERATOR COUNTY	TELEPHONE NUMBER	HANDLING PROBLEMS

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DESCRIPTION OF EMERGENCY DISPOSAL PROBLEMS