

# Waste Tracking Form

## PART 1 - TO BE COMPLETED BY WORKERS:

Maintenance Work Authorization No. \_\_\_\_\_

Work Location: Building: \_\_\_\_\_

Room # or Area: \_\_\_\_\_

Type of ACM Removed: \_\_\_\_\_

Quantity of Waste generated: \_\_\_\_\_ Bags

Other containers: \_\_\_\_\_

Waste transported to: \_\_\_\_\_

Transported by: \_\_\_\_\_

Tracking Form given to: \_\_\_\_\_

## PART 2 - TO BE COMPLETED BY ASBESTOS PROGRAM MANAGER

Waste Properly Packaged & Labeled: Yes \_\_\_\_ No \_\_\_\_

EXCEPTIONS: \_\_\_\_\_

Waste Storage Location: \_\_\_\_\_

Waste Disposal Location: \_\_\_\_\_

Waste Shipment Records Received: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

(Asbestos Program Manager)

Date: \_\_\_\_