PHILOTECHNICS, LTD. WASTE CONTAINER INFORMATION SHEET

Please complete and fax/email this form or equivalent information, preferably 2 weeks prior to your scheduled pick-up date to Meghan Turvey (mgturvey@philotechnics.com) or Wes Stout (wjstout@philotechnics.com) at 865-220-0686 or Danielle Nagrone (dlnagrone@philotechnics.com) at 858-586-2597. Wipe Test Data should also be faxed when completed. Please contact us at 865-483-1551 with any questions!

SITE CONTACT NAME:

BILLING / MAILING ADDRESS:						OFFICE / C	ELL NUMBE	ER:				
						FAX NUME	BER:					
							PAPERWORK CONTACT NAME (IF DIFFERENT FROM SITE CONTACT):					
PICK-UP ADDRESS: (IF DIFFERENT)							P.O. NUMBER:					
							EXPORT PERMIT:					
ON-SITE PACKAGING REQUESTED:						EPA ID N	EPA ID NUMBER:					
REQUESTED SUPPLIES:						TRANSPOR	TRANSPORTER:					
Container ID #	Cont. and waste weight (lbs.)		nt. type steel, etc.)	Cont. Vol. (ft ³)	Waste Description	Surface Dose Rate (mR/hr)	Surface Contam.	Isotopes	Activity (mCi) Per Isotope	EPA Codes* (D001, F003, etc.)	Process Requested	Burial / Processing Facility
1									1			

OFFICE USE ONLY:

GENERATOR NAME:

Quote #:	Pick-Up Date:	Profile #:	
Manifest #:	BOL #:	Notes:	

^{*}Please indicate specific hazardous constituents (Toluene, Xylene, etc.) or provide completed Mixed Waste Profile Form. Continue on additional pages if needed.