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|  |  | **FORM NO.: SS13**  **STORE/IN/IV/GEN/No.\_\_\_\_\_\_\_\_\_**  **Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(To be filled by Store Assistant)** |
| **खतरनाक अपशिष्ट आवक-जावक पत्र**  **HAZARDOUS WASTE MOVEMENT-FORM**  (For any Item/Material/Chemical/Metal/Waste etc. stored in Balda-Farm Hazardous Waste room) |

(To be prepared **in duplicate**. One copy will be returned to the custodian after the material stored)

**Name of Custodian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project No. (If any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Submitting following items from my department/project/lab/Office to the bearer Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whom I authorize to submit the stores on my behalf to Hazmat/Chem store for further storage & disposal.

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| **Sl.**  **No.** | **Item/Chemical/ Metal/ Waste/ Material Name** | **Item Description** | **Hazardous Category (#)** | **Quantity** | **Unit (Nos./ Ltr./ Kg./ Pack)** | **Remarks** |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** |
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**(#)- Hazardous Category - Nature of the hazard and risk, appropriate storage and handling shall be mentioned for safe disposal of the items.**

This is certified that the hazardous waste sent to hazardous waste store are properly packed and sealed with proper hazardous category, the bearer is authorized to taking care of our hazardous waste to avoid any incidence.

**Signature of the Custodian Signature of PI/HOD**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Returned by** | **Receiver** | **Checked by** | **Approved by** |
| Signature  Name:  Date: | Signature  Store Assistant  Name:  Date: | Signature  In-Charge (CSS)  Name  Date: | Signature  AR (MMS)  Name:  Date: |

**Enclosures checklist: (Duly filled form, certified by indenter/custodian and HOD)**

**1. Any other document/Form/Information which is relevant to.**