

WASTE MANIFEST EXAMPLE

FORM No. XXXXXXXX

A) GENERATOR (CONSIGNOR)							B) TRANSPORTER (CARRIER)										
COMPANY NAME: ABC OIL & GAS CORPORATION				OPERATOR CODE (GENERATOR): 0X290 <small>(CODE ASSIGNED BY REGULATORS)</small>			COMPANY NAME:				CITY:		PROV.:				
ADDRESS: 3400 – 3RD AVENUE SW		CITY: CALGARY	PROVINCE: AB		POSTAL CODE: T2P 4H3		ADDRESS:				POSTAL CODE:						
SOURCE SITE LOCATION: 100/01-01-001-01W4/00 <small>(REFERENCE DOWNHOLE UWI OR SURFACE LOCATION ASSOCIATED WITH WASTE)</small>							DATE:		UNIT NO.:		TELEPHONE:		FAX:				
LICENCE TYPE (W.P.F.) & LICENCE NUMBER: License #0123456 <small>(LICENSE # ASSOCIATED WITH LOCATION ABOVE)</small>							Certification – I declare that I have received wastes / goods as offered by the Generator in Part A for delivery to the intended Receiver and that the information contained in the Part B is correct and complete. NAME: (PRINT) _____ SIGNATURE: _____										
INTENDED RECEIVER: TERVITA LINDBERGH																	
CITY: LINDBERGH			PROV.: ALBERTA														
RECEIVING SITE LOCATION: 05-26-056-05 W4M <small>(SURFACE LOCATION OF WASTE RECEIVER)</small>							C) RECEIVER (CONSIGNEE): (FILLED IN BY RECEIVER)										
COMMENTS: WASH WATER WITH HYDROCARBONS , TICKET #A012345 GEL/CHEM DRILLING MUD, TICKET #B678910 <small>(INCLUDE COMPANY SPECIFIC WASTE TRACKING REQUIREMENTS HERE SUCH AS CORRESPONDING TRUCK TICKET NUMBERS IF APPLICABLE. IN THE CASE OF SHIPPING TDG REGULATED WASTE THE COMMENTS WILL PROVIDE MORE DETAIL THAN THE PROPER SHIPPING NAME MAY PROVIDE.)</small>							COMPANY NAME:				CITY:		PROV.:				
							ADDRESS:				POSTAL CODE:						
							RECEIVING SITE LOCATION:				OPERATOR CODE/ BA CODE:						
UN NUMBER	PROPER SHIPPING NAME (TECHNICAL NAME)	PACKING CLASS	SUB CLASS	PACKING GROUP	QUANTITY SHIPPED (KG, L, M ³)	WASTE CODE	D(DOW) OR N(NON-DOW)	PACKAGING No. CODE		HANDLING CODE	QUANTITY RECEIVED	OIL %	WATER %	SOLID %	HANDLING CODE	TRANS. DECON	
1267	PETROLEUM CRUDE OIL	3	N/A	III	15 M3	WSHWTR	D	N/A	N/A	07							
N/A	NOT TDG REGULATED (GEL/CHEM DRILLING WASTE)	N/A	N/A	N/A	10 M3	DRWSGC	N	N/A	N/A	07							
DESCRIPTION (E.G.: NON-TDG GOODS OR WASTE):		PACKAGES			WEIGHT												
<input type="checkbox"/> RESIDUE – LAST CONTAINED <input type="checkbox"/> TOXIC BY INHALATION							DATE SHIPPED: MAY 12, 2020		TIME SHIPPED: 9:34 AM		IF HANDLING CODE '01', '02', OR '21' SPECIFY:						
I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the <i>Transportation of Dangerous Goods Regulations</i> .								24/hr Contact Number: (INSERT NUMBER HERE FOR EMERGENCIES)		DATE RECEIVED:		TIME RECEIVED:					
NAME (PRINT): BOB SMITH <small>(GENERATOR CONTACT)</small> SIGNATURE: _____								IDENTIFY DISCREPANCIES BETWEEN WASTE/GOODS RECEIVED AND DETAILS LISTED IN PART A IN THE COMMENTS SECTION:									
FOR NON-TRANSPORTATION EMERGENCIES CONTACT ABC OIL & GAS (555) 456-7100 (ONLY IF APPLICABLE) ERAP REFERENCE # _____ ERAP TELEPHONE# _____								NAME OF AUTHORIZED PERSON (PRINT):									
								TELEPHONE:									
								SIGNATURE:									