

Customer Service Agreement Hazardous Waste Management

In order to provide the customer with excellent service, the information below is required. Please complete the form and have the Commander or Facility Supervisor sign for requested service level at each location. Submit the completed form to Public Works via the Environmental Operations Branch, building 1210.

Parent Organization (MSC/Directorate): _____ UIC: _____

Requesting Organization or Activity: _____ DODAAC: _____

Commander/Supervisor's Name Last: _____ First: _____

Grade/Rank/Title: _____ Email: _____ Phone: _____

Budget Authority's Name Last: _____ First: _____

Grade/Rank/Title: _____ Email: _____ Phone: _____

Quarterly invoices for waste management services will be submitted to the supported unit or activity for reimbursement through the JBLM Resource Management Office based upon annual IMCOM funding guidance and AR 420-1. Mismanaged or downgraded hazardous materials will result in increased waste disposal charges required to process this waste for off site disposal IAW federal, state and local regulations. I understand that this delegation will supersede any currently on file for my unit or activity.

I understand that the individuals listed below are the sole individuals authorized to request, adjust services, sign up for Pollution Prevention Equipment and container requirements for my unit or activity. This agreement will expire one year from the date signed and must be updated annually.

Commander/Supervisor Signature _____ Date _____

Personnel Authorized to Request Hazardous Waste, Supply and Pollution Prevention Services and Containers
Please contact PW Environmental Operations Branch concerning services available at (253) 967-4786.

Primary Environmental Officer

Last: _____ First: _____ Grade/Rank: _____ Phone: _____

Primary Hazardous Waste Technician

Last: _____ First: _____ Grade/Rank: _____ Phone: _____

Additional Authorized Personnel

Last: _____ First: _____ Grade/Rank: _____ Phone: _____

Last: _____ First: _____ Grade/Rank: _____ Phone: _____

Last: _____ First: _____ Grade/Rank: _____ Phone: _____

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Hazardous Waste Containers are located in or in the vicinity of the following building(s) (also indicate the primary activity at the site):

Building Number:		Activity:	
<i>Container Site Type</i>	<i>Shed/Tank Number</i>	<i>Shed/Tank Number</i>	<i>Shed/Tank Number</i>
Hazardous Material Shed			
Hazardous Waste Shed			
Solvent Tank			
Used Antifreeze Tank			
Used Oil Tank			
Other (Specify)			
Other (Specify)			

Building Number:		Activity:	
<i>Container Site Type</i>	<i>Shed/Tank Number</i>	<i>Shed/Tank Number</i>	<i>Shed/Tank Number</i>
Hazardous Material Shed			
Hazardous Waste Shed			
Solvent Tank			
Used Antifreeze Tank			
Used Oil Tank			
Other (Specify)			
Other (Specify)			

Building Number:		Activity:	
<i>Container Site Type</i>	<i>Shed/Tank Number</i>	<i>Shed/Tank Number</i>	<i>Shed/Tank Number</i>
Hazardous Material Shed			
Hazardous Waste Shed			
Solvent Tank			
Used Antifreeze Tank			
Used Oil Tank			
Other (Specify)			
Other (Specify)			