



فايكا لإعادة تدوير ومعالجة النفايات الخطرة وغير خطرة
RECYCLING FOR TREATMENT & DISPOSAL OF HAZARDOUS & NON HAZARDOUS WASTE

RECEIVING NOTE

CUSTOMER DETAILS

CUSTOMER NAME:

TRACKING NO:

VEHICLE NO:

ADDRESS:

DATE :

WASTE TYPE

| | | | | | | | | | |
|---|---|---|-----------------------------------|----------------------------------|--|----------------------------------|--------|---|--------|
| EXPIRED MEDICINES | <input type="checkbox"/> Expired Medicines | <input type="checkbox"/> Controlled Medicines | Wt./Kg: | | | | | | |
| LAB CHEMICAL WASTE | Name | Wt./Kg | Name | Wt./Kg | Name | Wt./Kg | | | |
| | <input type="checkbox"/> Xylene | | <input type="checkbox"/> Formalin | | <input type="checkbox"/> Machine waste (DAB) | | | | |
| | <input type="checkbox"/> Stain | | <input type="checkbox"/> Alcohol | | <input type="checkbox"/> Others | | | | |
| CHEMICAL WASTE | <input type="checkbox"/> Name of the Waste: | | Wt./Kg: | <input type="checkbox"/> Liquid | <input type="checkbox"/> Solid | | | | |
| HAZARDOUS & NON HAZARDOUS WASTE | | | | | | | | | |
| Contaminated Containers | Wt./Kg | E-waste | Wt./Kg | Batteries | Wt./Kg | Filters | Wt./Kg | Others | Wt./Kg |
| <input type="checkbox"/> Aerosol Cans | | <input type="checkbox"/> IT | | <input type="checkbox"/> Lithium | | <input type="checkbox"/> HEPA | | <input type="checkbox"/> Expired Paint | |
| <input type="checkbox"/> Empty Paint Containers | | <input type="checkbox"/> Bulbs | | <input type="checkbox"/> Acidic | | <input type="checkbox"/> Mercury | | <input type="checkbox"/> Oily Rags | |
| <input type="checkbox"/> Pesticide Cans/bottles | | <input type="checkbox"/> Elect | | <input type="checkbox"/> Dry | | <input type="checkbox"/> Air | | <input type="checkbox"/> Cytotoxic | |
| <input type="checkbox"/> Empty Plastic Containers | | <input type="checkbox"/> Medical | | <input type="checkbox"/> | | <input type="checkbox"/> Oily | | <input type="checkbox"/> Mercury Contaminated | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |

WASTE DETAILS

FORM: LIQUID SOLID SLUDGY POWDERY/POWDER GAS OTHER (Specify):

HAZARD: FLAMMABLE OXIDIZING ORGANIC PEROXIDES POISONOUS INFECTIOUS SUBSTANCES TOXIC CORROSIVES OTHER

TRANSPORTATION TYPE: Pickup Tipper Flatbed Skip loader Hook lift Others

DESTINATION: Disposal Destruction Recovery

PACKING LIST

| SI. NO. | WASTE DESCRIPTION | PACKING UNIT | # OF UNITS | TOTAL Wt./KG | REMARKS |
|---------|-------------------|--------------|------------|--------------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

This is to confirm receipt of above Mentioned Waste.

Employee Signature (VR)

Customer Signature