

Hawaii Deposit Beverage Container Program

Instructions on completing the HR-1 Form

Use these instructions in companion with the numbered report form to help you complete the HR-1 Form. You may submit HR-1 Forms to the State of Hawaii Department of Health (DOH) at least twice a month (HRS 342G-119).

The DR-1 & HR-1 Forms are available as an Excel Spreadsheet. Do not alter the form. If the form is altered payment may be delayed. Please contact DOH if you need this excel format. Completing the form on your computer will allow you to expand rows heights to accommodate more information per entry. If you choose to use hardcopy versions of the form, you may write or type in information on multiple rows to accommodate information for each entry. If you need additional space you may make copies of pages and add as an attachment. Instructions for both forms are available at www.hi5deposit.com under the [Redemption Centers](#) link.

Quarterly Reporting

The DOH is considering requiring Recyclers to submit a Quarterly Report. DR-1 & HR-1 information would be submitted on a quarterly basis at the close of the calendar year quarter (March, June, September, December). Recyclers would provide a report matching DR-1 Deposit materials collected to HR-1 Deposit and other recyclable materials shipped as well as approximations of the amount of materials being stored at the facility. Reports would be required no less than 30 days following the close of the reporting period. The purpose of this report would be to gain a greater understanding of material flow.

The Quarterly Report would most likely include the following:

- Total weight of containers redeemed by type (Aluminum, Bi-metal, Glass, & Plastic) during the quarter reported.
- Total weight of total tons processed by type (Aluminum, Bi-metal, Glass, & Plastic) including materials shipped and stored during the quarter reported.
- Justification of discrepancies in weight claimed through DR-1, weights sent to end use and containers being stored during the quarter reported.

CONTACT INFORMATION

1. Tracking Number (assigned by the recycler using the format below)

a b c d e f

Example: CRC-1-0105-DR1-101-A

- a. Recycler Initials (same as the beginning of Certification Number)
 - Ex: Reynolds = RRI, Honolulu Recovery = HRS, Aloha Glass = AGR
- b. Quarter Reported based on State Fiscal Year
 - 1: July-Sept, 2: Oct-Dec, 3: Jan- March, 4: Apr-June
- c. Month and Year Covered by Report

- Ex: January 2006 = 0106
 - d. Form Type (DR1 or HR1)
 - e. Number in Sequence (101, 102, 103, 104, ect.)
 - f. Version Number in case of need for revisions (A, B, C, D, ect)
2. Name of the redemption center or network.
Example: ABC Recycling Center
 3. Address of the center or network.
Example: 1234 Aluminum way, Honolulu, HI 96814
 4. Contact person who is authorized to answer questions about information on the form.
Example: John Doe
 5. Contact's phone number.
Example: (808) XXX -XXXX
 6. Certification number issued by Department of Health for the redemption center or network.
Example: CC-XXXX-XX
 7. 7. Calendar dates from the reporting started to when it ended. All reporting must remain within a single month. Reporting shall occur no less than two times per month. HRS 342G-119 states "Requests for payment shall be no less than two times per month."
Example: January 1, 2005 to January 14, 2005
not
January 25, 2005 to February 12, 2005
 8. Check each material type that you are including in the report. Select all that apply.

Fee Request: If any portion of the Fee Request box (#7-12) is not appropriately filled the form may be returned for resubmission delaying payment. Please ensure the appropriate box is checked.

No Certified Redemption Site Operator shall invoice DOH for Handling Fees on any material that has not been reported in that same site operators "Deposit Refund Paid to Consumer" section of the DR-1 report. Meaning that a Certified Redemption Site Operator cannot claim Handling Fees unless that site operator has paid out Deposits for the same containers.

9. Total handling fee requested during the reporting period. The total fee amount is the sum of all the material type totals on the bottom of pages 2-5.

10. Check this box if you want to request an installment of 50% of the total handling fee owed to you. You must provide proof that material was shipped. You will submit the HR-1 Form *without* the date of arrival (See #21). Once the material reaches the end market you will resubmit the form with the date of arrival inserted.
11. Check this box if you are requesting the remaining 50% of the total handling fee owed to you. You must provide proof of receipt in the form of an official weight ticket of material at an end market. You will submit the HR-1 Form *with* the date of arrival (See #21).
12. Check this box if you are requesting 100% percent of the total handling fee owed to you. You must provide proof of receipt of material at an end market.
13. DOH allows for 2.5% shrinkage in shipped weight. If the end market reports more than 2.5% then the excess shrinkage is deducted from your request for payment. Payment will be made based on third-party end weight.

Example: If the end market reports 10% shrinkage then an adjustment of 7.5% ($10\% - 2.5\% = 7.5\%$) will be made to the final payment. The total amount you requested (100% of the dollar amount) will be reduced by 7.5%.
14. Enter the total amount of your handling fee request.
15. Signature and title of person authorized to sign that the form is accurate and the amounts are correct to the best of their knowledge.

Example: *John Doe Operations Manager*

Print name and date.

Example: *John Doe January 14, 2005*

HANDLING FEE REQUEST

16. Record the weight ticket, container number, or trailer number of the shipment.
17. Enter in all load numbers (from the DR-1 Form) that are included in the shipment.
18. Enter the date of shipment to an end market.
19. Record the total weight of the shipment (DBC + any other material).
20. Record only the total DBC weight in the shipment. Total all DBC weight at the bottom of the page and calculate your handling fee payment.
21. Provide the name and address of the facility where the material will be recycled.

22. Enter the date of arrival at the destination.