Department of Health Office of Solid Waste Management

Model Waste Tire	Name:
Acceptance & Removal	Address:
Documentation Form	City/State/Zip:

Table 1: Acceptance of Waste Tires

Table 1. Accep	tarice or waste i		
Date Accepted	Number of Tires Accepted	Name and phone number of person/business from whom tires were received, if other than general public	Address of person/business from whom tires were received, if other than general public

Facilities that accept used tires are required to maintain records for a minimum of three years, pursuant to Hawaii Revised Statutes Chapter 342I. Facilities that accept used tires must provide such records to the DOH upon request.

Department of Health Office of Solid Waste Management

Model Waste Tire	Name:
Acceptance & Removal	Address:
Documentation Form	City/State/Zip:

Table 2: Removal of Waste Tires

Date of Removal/ Shipment	Number of Tires Removed for Recycling/ Shipment	Person/Business Transporting Tires	Ultimate Destination (Name of Processor or Other)

Facilities that accept used tires are required to maintain records for a minimum of three years, pursuant to Hawaii Revised Statutes Chapter 342I. Facilities that accept used tires must provide such records to the DOH upon request.