



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.