

Annual Report for e-waste Handling and Recycling Activity

- **Each location** that collected more than 220 lbs of e-waste (electronic devices, CRTs, and/or CRT glass) in one calendar year must submit this annual report to DTSC by February 1 of the next calendar year.
- **Handlers and Generators must fill out “Handler” portions of the Annual Report form. Recyclers must fill out the whole Annual Report form.**

Universal Waste Handlers may accept and accumulate e-wastes from offsite sources, remove batteries and ink cartridges from electronic devices (22 CCR Section 66273.71), and remove CRTs from CRT devices (22 CCR Section 66273.72(b)). Handlers may not treat or alter e-wastes in any other way.

Universal Waste Generators cannot accept e-waste from offsite, but must submit this annual report if more than 11,000 lbs of e-wastes were generated in the last calendar year.

Universal Waste Handlers who Treat (Recyclers) must submit an annual report if they treat any electronic devices and/or CRT. This includes any activities such as dismantling electronic devices, removing yokes from CRTs, treating or breaking CRT glass, and/or treating printed circuit boards (22 CCR Sections 66273.72(c) and 66273.73 (a) and (b)).

All section numbers are found in Title 22 of the California Code of Regulations (abbreviated 22 CCR)

Section 1: Business information [22 CCR Sections 66273.32(d) and 66273.74(b)] (Handlers and Recyclers)

Reporting Year: _____ Check one: Handler Generator Recycler

Facility ID # (Optional. Found in your online reporting account, **not** CEW ID number): _____

Business name: _____ Telephone number: _____

Mailing address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Contact person's name: _____ Contact telephone number: _____

Contact email address (optional): _____ EPA/State ID number: _____

Physical address (if different from mailing address): _____

City: _____ County: _____ State: _____ Zip Code: _____

For recyclers only [22 CCR section 66273.74(b)]:

Facility Description (warehouse, parking lot, shed): _____ Number of days operated this year: _____

Name and Mailing address of the owner/operator: _____

City, State, Zip Code: _____

Section 2: Handling activity and total quantity information [22 CCR section 66273.32(d)] (Handlers and Recyclers)

Types of materials handled/received

- bare CRTs CRT glass CRT devices portable DVD players with LCD monitors LCD monitors
 Laptops with LCD monitors plasma televisions LCD televisions computers microwaves VCRs
 printers cellphones telephones radios small consumer electronics large consumer electronics

Total quantities handled/received

	# of units	or	weight
electronic devices (excluding CRT devices)	_____		_____pounds
CRT devices	_____	=	_____pounds ÷ _____pounds/unit*
CRTs	_____	=	_____pounds ÷ _____pounds/unit*
CRT glass			_____ pounds

For recyclers only [22 CCR section 66273.74(b)]:

Treatment information: Check any of the appropriate boxes

Bare CRT treatment

- Yoke removal Physical treatment (e.g., break CRT glass) Physical separation Use pinpoint torch/hot wire

Electronic device types dismantled

- portable DVD players with LCD monitors LCD monitors Laptops with LCD monitors plasma televisions
 LCD televisions computers microwaves VCRs printers cellphones telephones radios
 small consumer electronics large consumer electronics

List the electronic devices or CRTs treated using the following methods:

Physical treatment (e.g., size reduction): _____

Did this activity generate hazardous waste? Yes No

Physical separation: _____

Did this activity generate hazardous waste? Yes No

Sampling, ashing, ball-milling: _____

Total quantities treated

	# of units	or	weight
electronic devices (excluding CRT devices)	_____		_____pounds
CRT devices	_____	=	_____pounds ÷ _____pounds/unit*
CRTs	_____	=	_____pounds ÷ _____pounds/unit*

* You must provide the average weight of one device (for example, 50 lbs per CRT device or 25 lbs per CRT)

Section 3: Destination information [22 CCR Sections 66273.32(d) and 66273.74(b)] (Handlers and Recyclers)
Include additional pages if necessary. Information entered here does not substitute for an export notification.

Destination #1 and quantities shipped to this destination

Name: _____

Street address: _____

City, State, Country, Zip: _____

telephone number : _____

The quantities shipped to this location:

of units or weight

electronic devices (excluding CRT devices) _____ pounds

CRT devices _____ = _____ pounds ÷ _____ pounds/unit*

CRTs _____ = _____ pounds ÷ _____ pounds/unit*

CRT glass (received not generated) _____ pounds

***For Recyclers only*– Residuals generated from treatment activity**

universal waste (batteries, lamps) _____ pounds

scrap metal/printed circuit boards _____ pounds

yokes _____ pounds

CRT glass _____ pounds

CRT glass sent for: Glass manufacturing Primary smelting Secondary smelting

Destination #2 and quantities shipped to this destination

Name: _____

Street address: _____

City, State, Country, Zip: _____

telephone number : _____

The quantities shipped to this location:

of units or weight

electronic devices (excluding CRT devices) _____ pounds

CRT devices _____ = _____ pounds ÷ _____ pounds/unit*

CRTs _____ = _____ pounds ÷ _____ pounds/unit*

CRT glass (received not generated) _____ pounds

***For Recyclers only*– Residuals generated from treatment activity**

universal waste (batteries, lamps) _____ pounds

scrap metal/printed circuit boards _____ pounds

yokes _____ pounds

CRT glass _____ pounds

CRT glass sent for: Glass manufacturing Primary smelting Secondary smelting

* You must provide the average weight of one device (for example, 50 lbs per CRT device or 25 lbs per CRT)

Destination #3

Name: _____

Street address: _____

City, State, Country, Zip: _____

telephone number : _____

The quantities shipped to this location:

of units or weight

electronic devices (excluding CRT devices) _____ pounds
 CRT devices _____ = _____ pounds ÷ _____ pounds/unit*
 CRTs _____ = _____ pounds ÷ _____ pounds/unit*
 CRT glass _____ pounds

For Recyclers only– Residuals generated from treatment activity

universal waste (batteries, lamps) _____ pounds
 scrap metal/printed circuit boards _____ pounds
 yokes _____ pounds
 CRT glass _____ pounds

CRT glass sent for: Glass manufacturing Primary smelting Secondary smelting

* You must provide the average weight of one device (for example, 50 lbs per CRT device or 25 lbs per CRT)

Section 4. Signed certification:

For Handlers (optional): Based on my inquiry of those persons directly responsible for gathering the information, the information submitted is, to be the best of our knowledge, true, accurate, and complete.

 Name of report preparer

 Signature of report preparer

 Date

For recyclers:

I certify under penalty of the law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to be the best of our knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. [22 CCR Sections 66273.74 (d) and 66270.11(d)]

 Name of report preparer

 Title of report preparer

 Signature of report preparer

 Date

Hardcopy notifications must be submitted to DTSC by certified mail, return receipt request.

MAIL TO: Department of Toxic Substances Control
 Universal Waste Notification and Reporting Staff
 P.O. BOX 806
 Sacramento, CA 95812-0806
 Attention: Universal Waste Handling Activities