

Orphan Appliance Monthly Report Form

Submit this report on a monthly basis to DTSC:

Department of Toxic Substances Control
Attn: HWMP – Orphan Appliance Report
 1001 “I” Street, 11th Floor
 P.O. Box 806
 Sacramento, California 95812-0806
 or
CAR@dtsc.ca.gov

Report Month: _____ Year: _____

Name of scrap recycling facility: _____

Facility address: _____

Name of CAR: _____ CAR # _____

Total number of “orphan” appliances received this month _____ (as indicated by use of DTSC Form 1459 received) The information in the table below is not required, but is appreciated:

Space Heaters:	Stoves:	Refrigerators:
Boilers:	Freezers:	Furnaces:
Microwaves:	Water Heaters:	Air conditioners:
Washers:	Dryers:	Trash compacters:
Ovens:	Other: (please specify)	

The names and addresses of each person who transported, delivered, or sold “orphan” appliances to this scrap recycling facility is included on the following additional pages or the included DTSC 1459 forms. This information has also been submitted to my CUPA.

 Name _____
 Title

Contact Information