

CONTRACTOR REQUEST FOR 45/90-DAY HAZARDOUS WASTE ACCUMULATION AREA CERTIFICATION / RECERTIFICATION

Ref: PSNS&IMFINST P5090.5

SUBMITTAL OF THIS FORM REQUESTS CODE 106.3 TO INSPECT A 45/90-DAY HAZARDOUS WASTE ACCUMULATION AREA FOR CERTIFICATION / RECERTIFICATION OF OPERATION. CODE 106.3 SHALL INSPECT FOR CERTIFICATION WITHIN 1 WORKING DAY OF RECEIPT OF THIS FORM.

REQUESTING CONTRACTOR(S) PRIME/SUB

SITE LOCATION

WASTE STREAM NUMBERS (WSN) BEING GENERATED

ACCUMULATION AREA OPERATOR(S)

PHONE NUMBER(S)

POINT OF CONTACT (POC)

PHONE NUMBER

I VERIFY THAT THE 45/90-DAY HAZARDOUS WASTE ACCUMULATION AREA IDENTIFIED ABOVE WAS INSPECTED USING THE PRE-CERTIFICATION INSPECTION CRITERIA AND ALL APPLICABLE ATTRIBUTES WERE SATISFACTORY.

CONTRACT REPRESENTATIVE, NAME/ SIGNATURE/ PHONE NUMBER

DATE

REMARKS

