



RETURN SHIPMENT AUTHORIZATION FORM

To authorize a return shipment, FAX THIS COMPLETED FORM TO VEOLIA AT (920) 757-5485 or email the completed form to Pak.TS@veolia.com. Veolia will process your request and email you this completed form and an authorized return shipping label. PLACE THE RETURN SHIPMENT AUTHORIZATION FORM INSIDE THE RETURN SHIPPING BOX PRIOR TO SHIPPING THE CONTAINER. FAILURE TO DO SO WILL RESULT IN VIOLATION OF ENVIRONMENTAL REGULATIONS.

Generator Information

Enter the generator information in this section as it should appear on the FedEx Ground return-shipping label.

Company Name:			
Site Address:			
City, State, Zip:			
Contact:		Phone:	
Email:			
EPA ID#:			

A. General Information

Please check the following items as they apply to the SUPPLY – 376, 377, and 378 ReturnPak® Cactus® Sink Cartridge Waste Recycling Kit

- Waste Classification:** The ReturnPak® Cactus® Sink Cartridge Waste Recycling Kit is designed to ship one to four cartridges having one (1) liter capacity each of pharmaceutical waste. Based on the medication information, Cactus® Smart Sink® Instruction Manual requirements, and generator’s knowledge, the following statements are true and accurate.
 - The waste is comprised solely of unused pharmaceuticals, unused portions or partial doses.
 - The waste may contain non-retrievable quantities of controlled substances.
 - The waste does not contain any RCRA hazardous waste as defined in 40 CFR 261.
 - The waste does not contain polychlorinated biphenyls (PCBs) regulated under 40 CFR 761.
 - The waste does not contain regulated medical waste, sharps, blood or bulk body fluids, or biological specimens.
- I agree to fax this completed form to Veolia at (920) 757-5485 prior to shipping this recycling container.
DOT Description: Non-Regulated Material

Generator Signature: _____

Title: _____

Print Name: _____

Date: _____

FAX THIS FORM TO VEOLIA AT (920) 757-5485 OR EMAIL TO PAK.TS@VEOLIA.COM. PLACE THE AUTHORIZED FORM INSIDE RETURN SHIPPING BOX PRIOR TO SHIPPING THIS CONTAINER.

RETURN AUTHORIZATION. VEOLIA INTERNAL USE ONLY. DO NOT WRITE IN THIS BOX.

FedEx Tracking#:		Unique Container Number:	
Return Shipment Request ID:		Date Processed:	
Date Waste Received:		Received Weight:	
Profile #:			

Retain a copy of this form for your records.



Compliance with Confidence®