

Note: This form is for view and print only.

Instructions

Use of this form is only permitted if the Director has approved a request to satisfy manifesting requirements by using a paper document in accordance with section 27.1 of Regulation 347.

This form may be used to satisfy manifesting requirements under sections 19, 20.1 – 21, 23 – 25 and 27.1 of Regulation 347.

For additional information about manifesting, please see the manual available at www.ontario.ca/page/hazardous-waste-management-business-and-industry.

Each party shall ensure that the information on this form and all copies is printed legibly.

1. Generator/consignor completes part A and has the carrier complete part B.
2. Generator/consignor retains one copy and sends a copy of the manifest to the Ministry.
3. Carrier carries a copy of the manifest with part A and part B completed, with the shipment.
4. Upon delivery of the shipment, the receiver/consignee completes part C. The receiver/consignee retains one copy, and sends copies to the following:
 - Ministry
 - Generator/consignor
5. If more than four hazardous wastes from the same generator/consignor are to be shipped to the same intended receiver/consignee in the same shipment, additional manifests must be completed. The first manifest reference number must be indicated on the additional manifest form(s) by the person completing the additional form(s).
6. If the shipment is refused (in part or full), receiver completes a load refusal report form.

All shipments must comply with all applicable provincial/territorial/federal legislation and regulations. International shipments must comply with the cross-border movement of hazardous waste and hazardous recyclable material regulations. Optional fields are provided to support users with other jurisdictional requirements. Use of this form does not guarantee compliance with other jurisdictional requirements.

Fields marked with an asterisk (*) are optional.

Ministry Mailing Address:

Environmental Monitoring and Reporting Branch, Area M
Ontario Ministry of the Environment, Conservation and Parks
135 St. Clair Ave W
Toronto ON M4V 1P5

Spills Action Centre

Report spills and emergencies to the Spills Action Centre by:

Telephone: 416-325-3000
Toll-free: 1-800-268-6060
Adaptive Technology Services (TTY): 1-855-889-5775

Manifest Reference Number

Part A – Generator/Consignor

Registration/Provincial ID	Company Name
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Generating Site Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Mailing Address Mailing address is same as generating site address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Email Address		Telephone Number ext.	

Intended Receiver/Consignee

Company Name	Registration Number
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Receiving Site Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Email Address (optional)		Telephone Number (optional) ext.	

Receiving Mailing Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code

Shipping Details

Shipment Date (yyyy/mm/dd)	Scheduled Arrival Date (yyyy/mm/dd) *	24-Hour Telephone Number * ext.
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Special Handling Codes *

 Accompanies shipment As follows ►

Transportation of Dangerous Goods Regulations (TDGR) Additional Information

Waste Information (for completion by Generator/Consignor)

1. Provincial Waste Code	<input type="checkbox"/> Dangerous Goods *	UN (United Nations) Number *
Shipping Name	Class *	Sub Class *
Packaging Group *	Toxic by Inhalation *	Quantity Shipped <input type="checkbox"/> Litres (L) <input type="checkbox"/> Kilograms (Kg)
Number of Packages *		
Packing Code (Identify the number and type of packaging) *		
<input type="checkbox"/> Drum <input type="checkbox"/> Tank <input type="checkbox"/> Bulk <input type="checkbox"/> Carton <input type="checkbox"/> Bag <input type="checkbox"/> Roll Off or Luger		
<input type="checkbox"/> Other (specify) _____		
Physical State: <input type="checkbox"/> Gas <input type="checkbox"/> Solid <input type="checkbox"/> Liquid		
2. Provincial Waste Code	<input type="checkbox"/> Dangerous Goods *	UN (United Nations) Number *
Shipping Name	Class *	Sub Class *
Packaging Group *	Toxic by Inhalation *	Quantity Shipped <input type="checkbox"/> L <input type="checkbox"/> Kg
Number of Packages *		

Packing Code (Identify the number and type of packaging) *

Drum Tank Bulk Carton Bag Roll Off or Lugger

Other (specify) _____

Physical State: Gas Solid Liquid

3. Provincial Waste Code Dangerous Goods * UN (United Nations) Number *

Shipping Name Class * Sub Class *

Packaging Group * Toxic by Inhalation * Quantity Shipped L Kg Number of Packages *

Packing Code (Identify the number and type of packaging) *

Drum Tank Bulk Carton Bag Roll Off or Lugger

Other (specify) _____

Physical State: Gas Solid Liquid

4. Provincial Waste Code Dangerous Goods * UN (United Nations) Number *

Shipping Name Class * Sub Class *

Packaging Group * Toxic by Inhalation * Quantity Shipped L Kg Number of Packages *

Packing Code (Identify the number and type of packaging) *

Drum Tank Bulk Carton Bag Roll Off or Lugger

Other (specify) _____

Physical State: Gas Solid Liquid

Additional waste streams are provided on separate Manifest form (attached)

Generator/Consignor/Shipper's Certification

I certify that the information contained in part A is correct and complete. I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Name of Authorized Person (Last Name, First Name)	Signature	Date (yyyy/mm/dd)
Telephone Number ext.		

Part B – Carrier

Company Name	Registration / Provincial ID Number
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Carrier Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Email Address		Telephone Number ext.	

Vehicle Information

1. Registration Number	Province/State
2. Registration Number	Province/State

Carrier Signature

I certify that I have received waste or recyclable material from the generator/consignor for delivery to the receiver/consignee as set out in part A and that the information contained in part B is complete and correct.

Last Name, First Name	Signature	Date (yyyy/mm/dd)
Telephone Number ext.		

Part C – Receiver/Consignee

Receiver/consignee information same as identified by generator/consignor for intended receiver/consignee?
If no, please complete address below.

Company Name

Mailing Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Email Address		Telephone Number ext.	

Site Address

Unit Number	Street Number	Street Name	PO Box
City/Town		Province	Postal Code
Email Address		Telephone Number ext.	
Date Received (yyyy/mm/dd)	Time Received (hh:mm)	Registration / Provincial ID Number	

Waste Information (or completion by receiver)

1. Quantity Received _____ L Kg
Comments _____

Handling Code (Identify the final handling method)

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 Storage | <input type="checkbox"/> 02 Thermal Treatment | <input type="checkbox"/> 03 Chemical Treatment |
| <input type="checkbox"/> 04 Physical Treatment | <input type="checkbox"/> 05 Biological Treatment | <input type="checkbox"/> 06 Secure Landfill |
| <input type="checkbox"/> 07 Recycling | <input type="checkbox"/> 08 Solidification | |
| <input type="checkbox"/> 09 Other (specify) _____ | | |

Accepted

Refused

2. Quantity Received _____ L Kg

Comments

Handling Code (Identify the final handling method)

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 Storage | <input type="checkbox"/> 02 Thermal Treatment | <input type="checkbox"/> 03 Chemical Treatment |
| <input type="checkbox"/> 04 Physical Treatment | <input type="checkbox"/> 05 Biological Treatment | <input type="checkbox"/> 06 Secure Landfill |
| <input type="checkbox"/> 07 Recycling | <input type="checkbox"/> 08 Solidification | |
| <input type="checkbox"/> 09 Other (specify) _____ | | |

- Accepted
 Refused

3. Quantity Received _____ L Kg

Comments

Handling Code (Identify the final handling method)

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 Storage | <input type="checkbox"/> 02 Thermal Treatment | <input type="checkbox"/> 03 Chemical Treatment |
| <input type="checkbox"/> 04 Physical Treatment | <input type="checkbox"/> 05 Biological Treatment | <input type="checkbox"/> 06 Secure Landfill |
| <input type="checkbox"/> 07 Recycling | <input type="checkbox"/> 08 Solidification | |
| <input type="checkbox"/> 09 Other (specify) _____ | | |

- Accepted
 Refused

4. Quantity Received _____ L Kg

Comments

Handling Code (Identify the final handling method)

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 Storage | <input type="checkbox"/> 02 Thermal Treatment | <input type="checkbox"/> 03 Chemical Treatment |
| <input type="checkbox"/> 04 Physical Treatment | <input type="checkbox"/> 05 Biological Treatment | <input type="checkbox"/> 06 Secure Landfill |
| <input type="checkbox"/> 07 Recycling | <input type="checkbox"/> 08 Solidification | |
| <input type="checkbox"/> 09 Other (specify) _____ | | |

- Accepted
 Refused

Additional Information

Receiver Signature

I certify that the information contained in part C is correct and complete.

Name of Authorized Person (Last Name, First Name)

Signature

Date (yyyy/mm/dd)

Telephone Number

ext.