

**SAM—WASTE PREVENTION AND RECYCLING OF
NON-HAZARDOUS WASTE**

STATE OF CALIFORNIA
RECYCLING DATA REPORT
SRPS 5 (Rev. 10-93)

CALIFORNIA INTEGRATED WASTE
MANAGEMENT BOARD

Part A. Site Data <i>(Complete one SRPS 5 for each site.)</i>					
DEPARTMENT			OFFICE/INSTITUTION NAME		
STREET ADDRESS			CITY	COUNTY	STATE ZIP CODE
SITE RECYCLING COORDINATOR		PHONE NUMBER	RECYCLER/COLLECTION COMPANY (IF MORE THAN ONE, LIST ON REVERSE)		PHONE NUMBER
MAILING ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

Part B. Recycling Data	
Report Quarter and Year	
<input type="checkbox"/> July 1 - September 30, 19__	<input type="checkbox"/> January 1 - March 31, 19__
<input type="checkbox"/> October 1 - December 31, 19__	<input type="checkbox"/> April 1 - June 30, 19__

Types and Amount of Materials Recycled

<input type="checkbox"/> Computer Paper _____ (pounds)	<input type="checkbox"/> Aluminum Cans _____ (pounds)
<input type="checkbox"/> White Ledger _____ (pounds)	<input type="checkbox"/> Glass Containers _____ (pounds)
<input type="checkbox"/> Colored Ledger _____ (pounds)	<input type="checkbox"/> Plastics _____ (pounds)
<input type="checkbox"/> Corrugated Cardboard _____ (pounds)	<input type="checkbox"/> Misc Metals _____ (pounds)
<input type="checkbox"/> News Paper _____ (pounds)	<input type="checkbox"/> Used Oil _____ (gallons)
<input type="checkbox"/> Mixed Paper Cardboard _____ (pounds)	<input type="checkbox"/> Vehicle Batteries _____ (each)
<input type="checkbox"/> Gable-Top Cartons _____ (pounds)	<input type="checkbox"/> Antifreeze _____ (gallons)
<input type="checkbox"/> Laser Toner Cartridges _____ (each)	<input type="checkbox"/> Other (if more than one specify on reverse) _____

Comments

Preparer Signature ▶	Preparer Name	Date
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Complete and return SRPS 5 no later than the 15th day following the end of each quarter to:
California Integrated Waste Management Board,
ATTN: Project Recycle
8800 Cal Center Drive, Sacramento, CA 95826
FAX# (916) 255-4580