

# APPENDIX A – TRACKING FORM

## DEMOLITION MATERIALS TABLE – LANDFILL



PROJECT \_\_\_\_\_

COMPLETED BY \_\_\_\_\_ LOG NO. \_\_\_\_\_

COMPANY \_\_\_\_\_ LOG START DATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ LOG END DATE \_\_\_\_\_

TYPE OF WASTE TO LANDFILL AND INCINERATION DISPOSAL	TYPE OF DISPOSAL (Check one)		AMOUNT OF WASTE TO LANDFILL (CU.M.)
	INCINERATION	LANDFILL	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

SIGNATURE OF AUTHORIZED OFFICIAL _____	TITLE _____	DATE _____
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