

Name of Ship:	Voyage No:	Date:
Shipping Agent Name:		Contact:

**MANDATORY RECEIPT SYSTEM FOR WASTE CONTRACTORS COLLECTING WASTE  
DELIVERED TO PORT RECEPTION FACILITIES BY SHIPS ENTERING PORTS OF BERMUDA**

**WASTE DELIVERY RECEIPT #1**

**RECEPTION FACILITY AND PORT PARTICULARS**

Port Location / Terminal Name:
Reception Facility Provider (Waste Contractor):
Waste Discharge Date: _____ and Time from: _____ to _____

**TYPE AND AMOUNT OF WASTE RECEIVED (Enter both Weight in kg and Volume) <sup>Á</sup>**

	Weight (Tonnes)	Volume (m <sup>3</sup> )		Weight (Tonnes)	Volume (m <sup>3</sup> )	
Oily Bilge Water (m <sup>3</sup> ) †			Plastic, Paper, Card, Rags, Other Combustible Waste (m <sup>3</sup> )			
Sewage / Waste water (m <sup>3</sup> ) Contractor to determine from ship estimated/ actual quantity discharged.						
Food Waste (m <sup>3</sup> ) ‡				Specify Other (above)		
Bulky, non-combustible waste (m <sup>3</sup> )				Biomedical waste (m <sup>3</sup> )		
Other (Name / Quantity)				Recyclables (TAG) (m <sup>3</sup> )		

On Behalf of the Port Waste Contractor I confirm that the above wastes were collected:

**Signature:..... Full Name / Company Stamp:..... Date:.....**

**WASTE DELIVERY RECEIPT #2**

(For Completion by Bermuda's Waste Management Facility)

On behalf of the Bermuda Waste Management Facility I can confirm that the above wastes and quantities were delivered:

Signature:..... Full Name:..... Date: .....

- Waste Management Facility:**
- |   |  |
|---|--|
| <input type="checkbox"/> Tynes Bay Waste To Energy Facility ‡ | <input type="checkbox"/> KEMH Hospital (Sterilizer or Export)†   |
| <input type="checkbox"/> Special Waste Facility (HAZMAT) †    | <input type="checkbox"/> Materials Recovery Facility (Recycling) |
| <input type="checkbox"/> Tynes Bay Septage Facility           | <input type="checkbox"/> Airport Waste Management Facility       |
| <input type="checkbox"/> Marsh Folly Compost Facility ‡       | <input type="checkbox"/> Other, specify _____                    |

**Procedure Summary:**

**Checklist**

- |   |                          |
|---|--------------------------|
| 1. Waste Contractor completes Receipt #1 for the actual amount of waste collected from ship     | <input type="checkbox"/> |
| 2. Waste Contractor obtains signature of Receipt #2 from inspector of Waste Reception Facility. | <input type="checkbox"/> |
| 3. Waste Contractor retains the completed form and returns to Shipping Agent weekly.            | <input type="checkbox"/> |
| 4. Shipping Agent passes actual or scanned forms to the Department weekly.                      | <input type="checkbox"/> |

† Note that landing of Special Waste and HAZMAT in Bermuda will incur full costs to repackage and ship back to the US to the EPA standards. Contact KEMH before disposing of medical waste (441-236-2345) or the Chief Environmental Health Officer if required Tel: 2785388.

‡ Due to the risk of fruit and vegetable-borne insects being invasive to Bermuda from uncooked food waste all food waste landed in Bermuda is to be sent to the Incinerator at Tynes Bay WTE Facility for disposal.