



Rhode Island Department of Environmental Management
Office of Waste Management

Hazardous Waste Transporter Reporting Standards

June 30, 2008

These standards are intended to standardize the transporter reports while maintaining the flexibility to adapt to new technologies in the rapidly changing data management industry. Also, in an effort to make the report simpler for companies that have a similar reporting requirement in Massachusetts, the Department is adopting the MADEP EMOR standard as an acceptable format. As such, the Department will revise this standard as necessary.

Acceptable media for Submitting Data

The Department will accept data on the following media:

1. 3.5" floppy disks (IBM format)
2. CD's
3. 100 MB Iomega Disks

The media must be labeled with the following information:

1. Reporting period (months in which the generator certification date was signed)
2. Transporter Name
3. Transporter EPA ID Number
4. Transporter RI Permit Number
5. Format the data is in (spreadsheet, RI-ASCI, MA-EMOR)

Report Format

The data may be submitted in three formats: Spreadsheet, ASCII Text and MADEP EMOR format.

- A. Spreadsheet: The data may be submitted as a spreadsheet in Microsoft Excel or a compatible format as detailed below.
- B. ASCII Text (RI Format): This format is a single line output in standard ASCII (plain) text as detailed below.
- C. ASCII Text (MADEP EMOR Format): This standard is intended to be compatible with the Massachusetts DEP Hazardous Waste Transporters Electronic Monthly Operating Report Software (EMOR) standard as detailed below.

Spreadsheet Format

The data may be submitted in a spreadsheet format. Acceptable spreadsheets include Microsoft Excel, Quattro and Lotus 1-2-3. Each field should be a separate column with the field name as the first row in the spreadsheet. The Department will supply a sample spreadsheet upon request, a sample spreadsheet will also be posted on the Department's website.

Name	Type	Field Description
Manifest Document Number	Text	State Manifest Document Number (Manifest Document Number if State Manifest Document Number not available)
Item number	Text	Shipment item number for this waste (11a=1, 11b=2 etc.)
GenCertDate	Date/Time	Generator Certification Date
Tran1RecptDate	Date/Time	Transporter 1 Receipt Date
Tran2RecptDate	Date/Time	Transporter 2 Receipt Date (if any)
TSDFRecptDate	Date/Time	Date waste received by TSDF
GeneratorName	Text	Generator Name
GeneratorEPAID	Text	Generator EPA ID Number
Transportername	Text	Transporter 1 Name
Transporter1ID	Text	Transporter 1 EPA ID Number
transporter2name	Text	Transporter 2 Name
transporter2id	Text	Transporter 2 EPA ID Number
tsdf_name	Text	Destination Facility Name
tsdf_id	Text	Destination Facility ID Number
Waste Description	Text	Waste Description (does not have to be complete DOT description)
Number of containers	Double	Total Quantity
container type	Text	Unit of measure (G, P, K etc.)
Quantity	Double	
Wastecode1	Text	1 st Waste Code
Wastecode2	Text	2 nd Waste Code (if any)
Wastecode3	Text	3 rd Waste Code (if any)
Wastecode4	Text	4 th Waste Code (if any)
Fee	Currency	
Wt/Vol Units	Text	Optional box to clarify any information from manifest
Comment	Text	Comment regarding the manifest
waste item Comment	Text	Comment regarding the specific item
Fee exempt code	Text	1= Secondary waste 2= Precious Metal Bearing Waste 3= Household hazardous waste. All other waste leave blank 4= R015 non-hazardous waste required to be on a manifest.

ASCII Text (RIDEM Format)

Field Descriptions and manifest locations are the same as for the spreadsheet data shown above. Individual data fields should not be separated by commas, slashes, quotes or other punctuation.

FIELD	Position	Length
Designation "R2" to identify standard	1	2
Manifest Document Number	3	12
GenCertDate	15	8
Tran1RecptDate	23	8
Tran2RecptDate	31	8
TSDFRecptDate	39	8
GeneratorName	47	50
GeneratorEPAID	97	12
Transporter1name	109	32
Transporter1EPAID	141	12
TSDFNAME	153	32
TSDFEPAID	185	12
Item number	197	3
WasteDescription	200	50
Quantity	250	7
WtVol	257	1
Wastecode1	258	4
Wastecode2	262	4
Wastecode3	266	4
Wastecode4	270	4
Comment	274	50
Feeexemptioncode	324	1

ASCII MADEP EMOR Format: In 2008, MADEP changed its standard reporting from ascii plain text to comma separated values. Reporting standards can be found at the link below:

<http://www.mass.gov/dep/cleanup/approvals/tranfee.htm>

This standard will be revised as the MADEP standard is revised.

**STATE OF RHODE ISLAND
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
Hazardous Waste Generation Fee Report Certification
For Waste Transported after September 30, 2005**

Hazardous Waste Transporters shall complete and submit this form along with the required fee and report each quarter for all manifested waste that is picked up from Rhode Island Generators. The report shall be prepared in accordance with Rule 6.17 of the Hazardous Waste Regulations and the Department's standard for Quarterly reports.

Please Type or Print Clearly:

Name of Transporter _____

EPA Identification # _____ RI Permit # _____

Reporting Period _____ through _____

Date Submitted _____

Quantity of Waste Hauled	Manifested Waste Subject to Fee	Conversion Factor	x Fee	Fee Owed
pounds	pounds		x .023	= \$
gallons	gallons		x \$.19	= \$
tons	tons	x 2000 =	pounds x .023	= \$
metric tons	metric tons	x 2204.6 =	pounds x .023	= \$
liters	liters	x 0.264 =	gallons x \$.19	= \$
cu. yards	cu. yards	x 202 =	gallons x \$.19	= \$
cu. meters	cu. meters	x 264 =	gallons x \$.19	= \$
kilograms	kilograms	x 2.205 =	pounds x .023	= \$
Total Fee Owed				\$

The above information, when submitted, shall be considered public record. If you would like the Department to keep this information as confidential business information in accordance with the appropriate provisions of the Rhode Island Access to Public Records Act (R.I. General Laws § 38-2-2 (4)(i)(B)), then the company shall inform the Department in writing.

I CERTIFY UNDER PENALTY OF LAW that I have personally examined and am familiar with the information submitted in this document and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.

Signature of Authorized Official _____ Date _____

Title of Authorized Official _____

**Mail Signed Form Along with Check made payable to "Rhode Island General Treasury" and Quarterly Report to:
Rhode Island Department of Environmental Management - Office of Management Services
235 Promenade Street
Providence, Rhode Island 02908**