## **Hawaii Department of Health**

**Electronic Device (ED) Collector Reporting Form for 2023** 

*Name of Collector:		Contact Name:		Title:		
*Please report only ONE collector per form.		Email:		Phone Number:		
** Pursuant to HRS §339L	D-30, Collectors are required to re	port the weight of	EDs sent to each recycler and the	he number of ED t	hat were reused. \	While a detail by
type or by county is not re	equired, it is preferred.					
EDs collected and recycle	d or reused in Hawaii in 2023:					
	Sec	ction 1: Complete fo	or all ED collected for recycling			
	**ED Type		Pounds Collected & Recycled			
	(computer, CRT monitor, flat		Maui			
Name of Recycler	panel monitor, laptop, printer,	Kauai	(including Molokai & Lanai)	Oahu	Hawaii	Total Pounds
				_		
			Total Pounds of Eds Collected for Recycling:			
		Section 2: Complete	e for Number of EDs Reused			
	**ED Type	Quantity Collected & Reused, By County:				
Name of the Entity the	(computer, CRT monitor, flat		Maui			
EDs were sent for reuse	panel monitor, laptop, printer,	Kauai	(including Molokai & Lanai)	Oahu	Hawaii	Total Quantity
		Total Quantity of EDs Reused:				
Completed forms are due by 3/31/2024 to the Hawaii Department of Health.			Section 4: Certification. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete:			
			Kilowieuge ali	u beller, true, acct	irate, and complet	.e.
			Signature		Date	
			-			
			Print Name & Title:			