

Hawaii Department of Health
Electronic Device (ED) Manufacturer Reporting Form for 2023

*Manufacturer: _____

Contact Name: _____

Title: _____

**Please report only ONE manufacturer per form.*

Email: _____

Phone Number: _____

*** Pursuant to HRS §339D-23.3, Manufacturers are required to report the total weight of ED recycled or reused by county. While a detail by brand and type is not required, it is preferred.*

EDs collected and recycled from Hawaii in 2023:

Section 1: Complete for brands registered under this manufacturer						
Brand	**ED Type (computer, CRT monitor, flat panel monitor, laptop, printer,	Pounds Collected & Recycled or Reused by County:				Total Pounds
		Kauai	Maui (including Molokai & Lanai)	Oahu	Hawaii	
Total Pounds Collected for Registered Brands:						

Section 2: Complete for brands not registered under this manufacturer. <i>Please leave this section blank if it does not apply.</i>						
Brand	**ED Type (computer, CRT monitor, flat panel monitor, laptop, printer,	Pounds Collected & Recycled Reused by County:				Total Pounds
		Kauai	Maui (including Molokai & Lanai)	Oahu	Hawaii	
Total Pounds Collected for Brands Not Registered:						

Grand Total of Pounds Collected:	
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Section 3: The shortfall fee calculation shall be \$1.50 per pound of the manufacturer's goal that was not recycled.

Please enter the
Manufacturer's 2023
Recycling Goal: _____

Shortfall (pounds) _____

x \$1.50

Fee Due: _____

Mail shortfall fee payments to: Solid & Hazardous Waste Branch, 2827 Waimano Home Rd. #100; Pearl City, HI 96782

Section 4: List Collector(s) and Processor(s)

Please list the name(s) of your ED collector(s) in Hawaii

Please list the name(s) of your Processor(s) not in Hawaii

Section 5: Breakdown of pounds collected

Collection Method	Pounds Collected
Mail-back	
Collection Location(s)	
Collection Event(s)	
Other (list):	



Section 6: Certification. I certify that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete:

Signature

Date

Print Name & Title:

Completed forms are due by 3/31/2024 to the Hawaii Department of Health. Please send a copy of your completed form with a wet signature via email to Susan Panui: susan.panui@doh.hawaii.gov, or via mail at the address listed in Section 3. If penalty fees are due, please mail your payment along with your completed form.