

CHEMICAL CONTROL ORDER FOR OZONE DEPLETING SUBSTANCES (ODS)

ANNUAL REPORT FORM
For Dealers, Retailers and Re-sellers

Reporting Period _____

A. GENERAL INFORMATION

1. Name of Company: _____
2. Registration Number: _____
3. Business Address: _____
4. Nature of Business: _____
 Retailer/Resellers and Dealer with refilling Retailer/Resellers and dealer without refilling
5. Point Person: _____
Position/Designation: _____ Email Address: _____
Telephone Number: _____ Facsimile Number: _____

B. MANAGEMENT INFORMATION

1. Storage

Location: _____
Size (in m²): _____ Storage capacity: _____
Description of Storage Procedure: _____

Inspection and Monitoring Frequency: _____
Problems Encountered: _____

Actions Taken: _____

2. Personnel involved in management of ODS

Name	Position	Responsibility	Qualification/Training	Employment Status*

* Permanent or contractual

C. SUMMARY OF TRANSACTIONS

Brand/Trade/Commercial Name: _____
 Importer/Distributor: _____
 Actual Arrival Quantity (in kgs): _____
 Total Quantity Distributed (in kgs): _____

Name of Person or Company	Registration Number	Address	Contact No.	Intended User/Sector	Quantity Distributed (kgs)	Invoice No.	Date of Sale

* per chemical

D. Participation in the Reclamation Facility (RF)

Name of Person or Company Assisted/Endorsed to the RF	ODS/Other Chemicals	Quantity	Date

Prepared by:

Approved by:

Signature: _____
 Name: _____
 Position: _____
 Date Accomplished: _____

Signature: _____
 Name: _____
 Position: _____