


|  |                                    |                                   |                  |
|--|------------------------------------|-----------------------------------|------------------|
|  | Reference No.: BatStateU-FO-EMU-03 | Effectivity Date: January 3, 2017 | Revision No.: 00 |
|--|------------------------------------|-----------------------------------|------------------|

Title: **MATERIAL COLLECTION AND RELEASE FORM (MCRF)**

Control No.: MCRF-2020-\_\_\_\_

**I. CLIENT AND MATERIALS INFORMATION**


|  |                                     |                                     |  |  |                                    |
|--|-------------------------------------|-------------------------------------|--|--|------------------------------------|
| Name   |                                     |                                     | Contact No.                                  |  |                                    |
| Company/Office/Org   |                                     |                                     | Date   |  |                                    |
| Address  |                                     |                                     | Signature                                    |  |                                    |
| Category of Materials to be collected/released/transported |                                     |                                     | Qty. / Description of Material(s) / Location |  |                                    |
| 1. Recyclable  | <input type="checkbox"/>            | 4. Residual                         | <input type="checkbox"/>                     |  |                                    |
| 2. Biodegradable   | <input type="checkbox"/>            | 5. Condemnable                      | <input type="checkbox"/>                     |  |                                    |
| 3. Special   | <input type="checkbox"/>            | 6. Others                           | <input type="checkbox"/>                     |  |                                    |
| Purpose  | 1. Selling <input type="checkbox"/> | 2. Storage <input type="checkbox"/> | 3. Disposal <input type="checkbox"/>         | 4. Treatment and Disposal <input type="checkbox"/> | 5. Others <input type="checkbox"/> |
| Transport Details  | Vehicle Type:                       | Plate No.:                          | Drivers License No.:                         |  |                                    |

**II. APPROVAL**

|   |  |              |   |
|---|--|--------------|---|
| Attended by:                                  | Ms. SARAH JANE C. FRAGADA                | Approved by: | Engr. DIOSA MARIE M. AGUILA   |
| Designation                                   | Admin Aide VI                            | Designation  | Director, EMU   |
| File Storage                                  | MATERIAL COLLECTION AND RELEASE FORM     | Remarks      | <b>This serve as gate pass for Category Nos. 1-4.</b><br><i>The Category 5-6 shall be approved by other concerned head of office with jurisdiction.</i><br><br><b>Provisions:</b> Safety during handling and transport shall be observed at all times. Start and Finish Safe.<br><br><b>Reminder:</b> All materials shall be inspected by the guard on duty before exit. Gate pass is non-transferrable and duplication is not allowed. |
| E-File Storage                                | D:\EMU\4FORMS\1ISO EMU FORMS NEW\03_MCRF |              |   |
| Signature                                     |  |              |   |
| Name and Signature of Other Concerned Offices | _____ Name and Office                    | Signature    |   |
|   | _____ Name and Office                    |              |   |
|   | _____ Name and Office                    |              |   |
| Name and Signature of Guard On-duty/Time      |  |              |   |

Security Office Copy

Tracking Number: \_\_\_\_\_

|   |                                    |                                   |                  |
|---|------------------------------------|-----------------------------------|------------------|
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Title: **MATERIAL COLLECTION AND RELEASE FORM (MCRF)**

Control No.: MCRF-2019-\_\_\_\_

**I. CLIENT AND MATERIALS INFORMATION**

|  |                                     |                                     |  |  |                                    |
|--|-------------------------------------|-------------------------------------|--|--|------------------------------------|
| Name   |                                     |                                     | Contact No.                                  |  |                                    |
| Company/Office/Org   |                                     |                                     | Date   |  |                                    |
| Address  |                                     |                                     | Signature                                    |  |                                    |
| Category of Materials to be collected/released/transported |                                     |                                     | Qty. / Description of Material(s) / Location |  |                                    |
| 1. Recyclable  | <input type="checkbox"/>            | 4. Residual                         | <input type="checkbox"/>                     |  |                                    |
| 2. Biodegradable   | <input type="checkbox"/>            | 5. Condemnable                      | <input type="checkbox"/>                     |  |                                    |
| 3. Special   | <input type="checkbox"/>            | 6. Others                           | <input type="checkbox"/>                     |  |                                    |
| Purpose  | 1. Selling <input type="checkbox"/> | 2. Storage <input type="checkbox"/> | 3. Disposal <input type="checkbox"/>         | 4. Treatment and Disposal <input type="checkbox"/> | 5. Others <input type="checkbox"/> |
| Transport Details  | Vehicle Type:                       | Plate No.:                          | Drivers License No.:                         |  |                                    |

**II. APPROVAL**

|   |  |              |   |
|---|--|--------------|---|
| Attended by:                                  | Ms. SARAH JANE C. FRAGADA                | Approved by: | Engr. DIOSA MARIE M. AGUILA   |
| Designation                                   | Admin Aide VI                            | Designation  | Director, EMU   |
| File Storage                                  | MATERIAL COLLECTION AND RELEASE FORM     | Remarks      | <b>This serve as gate pass for Category Nos. 1-4.</b><br><i>The Category 5-6 shall be approved by other concerned head of office with jurisdiction.</i><br><br><b>Provisions:</b> Safety during handling and transport shall be observed at all times. Start and Finish Safe.<br><br><b>Reminder:</b> All materials shall be inspected by the guard on duty before exit. Gate pass is non-transferrable and duplication is not allowed. |
| E-File Storage                                | D:\EMU\4FORMS\1ISO EMU FORMS NEW\03_MCRF |              |   |
| Signature                                     |  |              |   |
| Name and Signature of Other Concerned Offices | _____ Name and Office                    | Signature    |   |
|   | _____ Name and Office                    |              |   |
|   | _____ Name and Office                    |              |   |
| Name and Signature of Guard On-duty / Time    |  |              |   |

EMU Office Copy

Tracking Number: \_\_\_\_\_