Ecoship Service Request Form





Daniels Account #:	Date:		
Customer Name:	(MM/DD/YYYY)	(MM/DD/YYYY)	
Full Address:			
Postal Code:	Phone: Fax:		
Waste Container Pick-Up Det	ails		
SHIPPING CONTAINER			
Ecoship Sharps QTY:	Ecoship Pharma QTY: Ecoship De	ental Chemical Waste QTY:	
(No other shipping container can be accepted by the Danie	els - Purolator shipping program)		
WASTE CONTENTS (DETAILED DESCRIPTION	ON)		
Only sharps in approved sharps containers, bar have been placed into your Ecoship Sharps bo	ndage/gauze, latex gloves and other non-regulated medical was x	ste, YES NO	□ N/A
Only consumer returned, expired or out-dated r	medicines have been deposited into your Ecoship Pharma box	YES NO	□ N/A
Confirm that no hazardous waste materials, chemotherapeutic (cytotoxic), or anatomical waste has been deposited into your shipment		□ N/A	
Confirm that any/all aerosol inhalers have been then placed into your Ecoship Pharma pail at la	segregated into a separate plastic liner, tied off,	YES NO	□ N/A
Confirm that your Ecoship Kit has been packaged safely with no loose liquids poured directly into the box		YES NO	□ N/A
For Ontario Locations Only If you are locate the above regions, your location will be serviced	d within Durham, Halton, Peel, or York Region your location will be by Purolator.	serviced direct by Daniels. If you are loca	ited outside
DO YOU REQUIRE A REPLACEMENT?			
Sharps D4ES (4 x 4L containers) QTY:	Sharps D2ES (8 x 2L containers) QTY:		
D4L Medium Kit (13xCont's in Box) QTY:	D4L Large Kit (18xCont's in Box) QTY:		
23L Yellow Pail Kit QTY:	23L Red Pail Kit QTY:	Ecoship 23L Rx White Pail Kit QTY:	
Amalgam Pail Kit QTY:	20L Lead Foil Pail Kit QTY:	Fixer/Developer Pail w/snap lid QTY	:
	Customer Authorisation		
(Authorised Signature)	(Print Name & Title)		
FOR DANIELS COMPANY USE ONLY			
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Ecoship Program Instructions





1. Please ensure that the applicable shipping container(s) are securely closed and ready for shipping.

Ecoship Sharps (if applicable) - please make sure that all sharp container lids are securely closed and locked, and safely placed inside the Ecoship Sharps box with the lid securely closed.

Ecoship Pharma Pails (if applicable) - Please ensure that all waste has been placed inside the pail, and the gasket lid has been safely closed before you ship the Ecoship pail. Please note, tamper strips are not to be removed from the lids.

2. Complete the service request form completely and send to Daniels via Fax or Email:

Fax: 1-888-793-2956 or 888-952-5580 | Email: canada@danielshealth.ca

- 3. Once Daniels has received your service request form, Daniels will make the request of Purolator to pick-up your container(s).
- 4. Place the pre-paid return Purolator bill of lading(s) inside the clear plastic pouch provided by Purolator (otherwise known as a Labelope), and affix onto the lid of the shipping container(s).

Things to remember

- ▶ Do not call Purolator directly to request service. Daniels will manage this on your behalf.
- ▶ **Applicable for Ontario locations only**, the GTA includes includes Durham, Halton, Peel, York Region, Metro Toronto and Quebec. If you are located within the GTA, Daniels will service your location directly. If you are located outside the GTA, your container(s) will be shipped back to Daniels via Purolator.
- ▶ Each new shipping container you receive from Daniels should include:
 - 1 x Pre-Paid Return Purolator Bill of Lading
 - 1 x Purolator Labelope
 - 1 x Service request form
- ▶ What is a labelope?

A labelope is the plastic pouch that you affix to your package to securely hold your bill of lading. Once the bill of lading is printed and folded in half, you simply insert it into the labelope and affix it to your package, ready for pickup. Then, you are ready to have your container picked-up.

▶ Please call our office on 888-952-5580 with any questions.