



Used Oil Collection Center (UOCC) Log Sheet

UOCC Name _____ Store# _____ UOCC# _____ Type (A, B, C, or D) _____
 Address: _____ City/Zip Code: _____ / _____ County: _____

Acceptable Oils:
 Motor Oil Hydraulic Oil Transmission Fluids

Unacceptable Materials: (These cannot be mixed with acceptable oils)
 Anti-Freeze Gasoline Parts Cleaner Solvents
 Paints Varnishes Thinners Pesticides

** By filling out this log, I certify the oil received only contains "Acceptable Oil" as listed above. **

#	Name (Print – Legible)	Address (Number and Street Name)	City	State	Date (mm/dd/yy)	Amount in Gallons (4 Qts = 1 Gal)	D: DIYers / Households F: Farmers B: Business		
							D	F	B
1									
2									
3									
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24									

Please Give This Form to Your Local Health Department Used Oil Inspector for Reimbursement

Total Gallons