

(Form for)
CONFIRMED CASES OF ILLEGAL TRAFFIC

A. TRANSMITTING AUTHORITY

Name: _____
Address: _____

Tel: _____
Fax: _____
E-mail: _____

Party
Competent Authority
Focal Point
National Authority

Date of transmission: _____

B. REPORTING BODY

Name: _____
Address: _____

Tel: _____
Fax: _____
E-mail: _____

Party¹
Observer State
NGO
Company
Individual

C. DESCRIPTION OF THE ILLEGAL ACT

C.1. Act(s) found to be illegal traffic (please include information on which Basel Convention provisions has (have) been contravened)

Description: _____

If more space required, please use additional sheet(s)

¹ Please specify if different from Transmitting Authority.

C.2. Name of States affected by the illegal traffic (i.e. country of origin, transit or destination):

C.3. Brief description of the waste(s) subject to the illegal act, including modes of transport, place of discovery, environmental conditions of the location:

Date of discovery of the wastes: _____

C.4. Date of the infraction:

Infraction: Day Month Year
 ____ ____ _____

D. WASTE IDENTIFICATION

D.1. Description of the waste:

Name of the Waste: _____

Origin of the Waste: _____

Physical form: _____

Major constituents: _____

Typical contaminants: _____

Volume/Quantity of wastes: _____

Waste Code: Y number(s) _____ UN Class _____
 H number(s) _____ UN number _____
 IWIC _____ OECD _____ HS _____
 EWC _____

D.2. Sampling and testing:

Results:

D.3. Other relevant information (e.g. containment appearance, etc.):

E. *DETECTION OF ILLEGAL TRAFFIC, TYPES OF DAMAGES, REMEDIAL ACTIONS AND DISPOSAL*

E.1. Detection of illegal traffic:

By whom: _____

Where: _____

When: _____

E.2. Damages:

Details of type and extent of known damages: _____

E.3. Remedial actions:

Type of action(s): _____

Date: _____
Cost: _____
Allocation: _____

E.4. Final disposal of wastes subject to illegal traffic (i.e. measures taken, State of disposal, etc.)

F. PUNISHMENT

F.1. State of conviction: _____

F.2. Date of conviction:

Conviction: Day Month Year

F.3. Description of punishment by the authority in the State of conviction:

If more space required, please use additional sheet(s)

Authority completing the Form shall forward a copy to all Competent Authorities or Focal Points in the State(s) concerned as appropriate.