
GENERATOR WASTE CHARACTERIZATION

Generator Name _____ SIC Code _____
 Address _____
 Technical Contact _____ Tel.() _____ Fax.() _____

Common Name of Waste _____
 Process Generating Waste _____
 Hazzard Class _____ Pin Number _____ Packing Group _____
 Waste Class Codes _____

Physical State: Liquid Solid Sludge, Specific Gravity _____
 Layering(Describe) _____
 Color: _____ Odour: None Mild Strong
 Flash Point: <60C(140F) >60C(140F) N/Applicable Actual (if known) _____
 pH: <2 >12.5 N/Applicable Actual pH (if known) _____

Physical Composition (by%)	_____	_____	%
	_____	_____	%
	_____	_____	%
	_____	_____	%
	_____	_____	%
	_____	_____	%

Lab Analysis Attached Y N Describe _____
 MSDS Attached Y N Other _____

Waste Identification

Is the waste Severely Toxic (ON 558/00 Exp 4, Sch 3)	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the waste Pathological (On 558/00 Exp 5)	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the waste contain >50ppm PCB's (ON 362)	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the waste listed as a P or U waste (ON 558/00 Exp 7, Sch 2A,2B)	<input type="checkbox"/> Y <input type="checkbox"/> N
If Yes above please list _____	
Is the waste listed as a K or F waste (ON 558/00 Exp 8, Sch 1)	<input type="checkbox"/> Y <input type="checkbox"/> N
If Yes please list _____	
Is the waste Ignitable (ON 558/00 Exp 9)	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the waste Corrosive (ON 558/00 Exp 10)	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the waste Reactive (ON 558/00 Exp 11)	<input type="checkbox"/> Y <input type="checkbox"/> N
Does the waste exhibit TCLP constituents above the characteristic limits*	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the waste a liquid waste (ON 558/00 Exp 14)	<input type="checkbox"/> Y <input type="checkbox"/> N
Is your waste exempt (ON 558/00 Exp 3, 15)	<input type="checkbox"/> Y <input type="checkbox"/> N

Generator Certification

I certify that I am familiar with this waste stream through analyses and/or knowledge, and that all information (including _____ pages of attachments) submitted is true, accurate and complete and is in an accurate representation of all known or suspected hazards, and waste generator regulations.

Signature _____ Name _____ Title _____
 Comapany _____ Date _____
