

SECTION 1 – GENERAL INFORMATION

Generator Company: _____ Service Company: _____
 Technical Contact: _____ Title: _____
 Phone #: _____ E-mail @: _____
 Waste Name: _____
 Waste Description: _____
 Primary COV Facility Destination: _____ Back-up COV Facility Destination(s): _____

SECTION 2 – WASTE COMPOSITION

COMPONENTS	CAS # (IF KNOWN)	CONCENTRATION

SECTION 3 – WASTE PHYSICAL DATA

Physical State: _____ Color/Appearance: _____ Percent (%) Solids: _____
 Odor: ☐ Strong ☐ Moderate ☐ Mild ☐ Other: _____
 Temperature @ arrival: _____ °F Freezing Point: _____ °F Boiling Point: _____ °F pH: _____
 Incompatibility (materials or conditions to avoid): _____

SECTION 4 – HEALTH HAZARD INFORMATION

What type of irritation could reasonably be expected while unloading/processing this waste?
☐ Skin ☐ Eye ☐ Nose ☐ Throat ☐ None: _____
 What type of irritation could reasonably be expected while cleaning up a spill of this waste?
☐ Skin ☐ Eye ☐ Nose ☐ Throat ☐ None: _____
 What types of long-term effects are expected?
 Carcinogenic Effects: _____ Reproductive Effects: _____
 Additional Sign / Symptoms of overexposure: _____
 Emergency / First Aid Procedures: _____

SECTION 5 – SAFE HANDLING & SPILL CLEAN-UP PERSONAL PROTECTIVE EQUIPMENT (PPE)

**Information provided in this section should be based on the PPE required of the generator's employees managing the waste stream. What type of PPE, specifically, should be worn when unloading/processing and in the case of a spill.

Eye Protection (Handling): _____ Eye Protection (Spill): _____
 Gloves (Handling): _____ Gloves (Spill): _____
 Respiratory (Handling): _____ Respiratory (Spill): _____
 Other PPE (Handling): _____ Other PPE (Spill): _____
 Special Precautions / Equipment: _____

SECTION 6 - CERTIFICATION

I hereby certify that the above information is true and accurate to the best of my knowledge.

AUTHORIZED REPRESENTATIVE

Name: _____
 Title: _____
 _____ Signature _____ Date