



Profile Sheet Reference No.

This form must be completed as accurately as possible.

Waste can not be accepted at our facility unless this Waste Profile Sheet has been submitted and approved by our QA/QC personnel.

1. WASTE GENERATOR and AGENT (CONTRACTOR/CONSULTANT) INFORMATION

A. Waste Generator Information

Contact person:

Title:

Telephone:

Fax:

Cell:

Email:

Company name:

Address:

City Province/State:

Country Postal/Zip Code:

Generator Number:

B. Agent (Contractor/Consultant) Information

Contact person:

Title:

Telephone:

Fax:

Cell:

Email:

Company name:

Address:

City Province/State:

Country Postal/Zip Code:

Generator Number:

2. MEANS OF GENERATION

What is the origin of the material (HHW, manufacturing, etc.):

Is an MSDS sheet available: Yes No Attached?: Yes No

If No then Describe the major constituents:

MSDS sheet for the components: Yes No Attached?: Yes No

3. WASTE PROFILE

A. Waste Description

Waste code (if applicable): Shipping name:

Product trade name: Proposed shipment date:

Container (drum, bulk):

B. Shipment Information

Transporter: Transporter number:

Quantity per shipment: Frequency of shipment:



3. WASTE PROFILE CONTINUED

C. General Information - Please confirm that waste contains none of the following:

Radioactive material:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
Biohazard (biomedical, sharps etc.):	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
Oxidizing compounds:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
Reactive compounds:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
PCB's:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
Dioxin/Furan:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
Lead (Pb):	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>
Explosive compounds:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Comments: <input type="text"/>

D. Physical Profile

Moisture content:	<input type="text"/>	Multilayered:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>		
Particle size over 1 in:	<input type="text"/>	Viscosity by layer (depth):	<input type="text"/>			
Depth of sludge in container:	<input type="text"/>	Top layer:	syrup <input type="checkbox"/>	oil <input type="checkbox"/>	water <input type="checkbox"/>	solid <input type="checkbox"/>
Depth of liquid in container:	<input type="text"/>	Mid layer:	syrup <input type="checkbox"/>	oil <input type="checkbox"/>	water <input type="checkbox"/>	solid <input type="checkbox"/>
Depth of solid in container:	<input type="text"/>	Bottom layer:	syrup <input type="checkbox"/>	oil <input type="checkbox"/>	water <input type="checkbox"/>	solid <input type="checkbox"/>
Specific gravity:	<input type="text"/>	Comments:	<input type="text"/>			
Flashpoint:	<input type="text"/>		<input type="text"/>			
Waste debris:	<input type="text"/>		<input type="text"/>			

E. Chemical Profile

Please provide the total concentrations of the following organic and inorganic compounds if known.

ORGANIC

PCB (polychlorinated biphenyls):

INORGANIC

Arsenic (As):

Barium (Ba):

Bromide (Br):

Cadmium (Cd):

Chromium (Cr):

Cobalt (Co):

Copper (Cu):

Cyanide (CN):

Fluoride (F):

Lead (Pb):

Manganese (Mn):

Mercury (Hg):

Molybdenum (Mo):

Nickel (Ni):

Selenium (Se):

Tin (Sn):

Zinc (Zn):

ppm = parts per million mg/kg. Note: If total concentration of any of the inorganics exceeds CCME guidelines, a leachate test may be required

ACKNOWLEDGEMENT

The Generator and its agents acknowledge that the information provided in the waste Profile Sheet as well as all supporting analytical results are true and accurate representation of the waste to be shipped to Phase Separation Solutions Inc. facility.

Authorized Signature: Date (mm/dd/yyyy):

Name & Title: Company Name: