



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:

**B. Agent (Contractor/Consultant) Information**

Contact person:

Title:

Telephone:

Fax:

Cell:

Email:

Company name:

Address:

City Province/State:

Country Postal/Zip Code:

**2. WASTE STREAM COMPOSITION**

Finished, consumer packaged pharmaceutical or other products:

Bulk finished pharmaceuticals - loose tablets, capsules in bulk containers:

Bulk unfinished pharmaceutical/product blends - formulation blend powders or liquids prior to consumer packaging:

Does shipment contain liquids:  Detailed inventory attached:

If not, description of inventory (use Pharamceutical Product Identification Sheet attached):

**3. WASTE PROFILE**

**A. Waste Description**

Waste code (if applicable):  Shipping name:

Product trade name:  Proposed shipment date:

Packaging container (check box): Boxes  Drums  Gaylords  FIBC  Palletized  = Yes  No

**B. Shipment Date**

Transporter name:

Transporter approval number:  Est. Quantity 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: <small>(anatomical, blood products, sharps)</small>	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"/>
Cytotoxic Chemicals:	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"/>

**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: <input type="text"/>	Date (mm/dd/yyyy): <input type="text"/> / <input type="text"/> / <input type="text"/>
Name & Title: <input type="text"/>	Company Name: <input type="text"/>

