

Table 3- Sample Hazardous Waste Profile Sheet

<i>HAZARDOUS WASTE PROFILE SHEET</i>		
PART I (Generator Information)		
1. Waste Profile Number (Assigned by DRMO):		
2. Generator Name:		
3. Technical Point of Contact:	3. Title:	Phone:
		Fax:
4. Facility Address: (Include complete address and DoDAAC)		
<div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>		
PART II (Chemical Information)		
5. Name of Waste:		
6. European Union Waste Code(s):		
7. Process Generating Waste:		
8. Projected Annual Quantity (in Kilograms):		
9. Is this waste restricted from land disposal according to European Union Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Physical/Chemical Properties:		
Layering:	Multi-layered	Bi-layered
Flash Point:	Water Solubility:	pH:
		Boiling Point:
11. Material Characterization: Color:	12. Density:	
13. Physical State: <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Dust		
14. Material Composition: (Totals/ranges must equal 100%)		
Component	Concentration	Range
15. Hazardous Material regulated for ADR shipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Proper Shipping Name:	
17. Hazard Class / ADR Classification::	18. UN Number:	
19. Packing Method:	20. Special Health & Handling Information:	
<input type="checkbox"/> Drum (Specify Size) _____	_____	
<input type="checkbox"/> Original Container	_____	
<input type="checkbox"/> Bulk <input type="checkbox"/> Other:	_____	
21. Basis of Information / Generator Certification:		
<input type="checkbox"/> Chemical Analysis (Attach test results)		
<input type="checkbox"/> User Knowledge (Attach supporting documents -- User knowledge is appropriate when it can be documented (e.g. in & out logs, published info., MSDS, process production info., etc.).		
I, _____ (print name), HEREBY CERTIFY THAT ALL INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS ARE, TO THE BEST OF MY KNOWLEDGE, AN ACCURATE REPRESENTATION OF THE WASTE TURNED INTO THE DRMO. ALL KNOWN OR SUSPECTED HAZARDS HAVE BEEN DISCLOSED.		
Signature of Generator's Representative _____		Date _____

PART III (WASTE CHARACTERISTICS)

22. TOXIC AND DANGEROUS WASTES

<input type="checkbox"/> Explosive	<input type="checkbox"/> Extremely Flammable (FlashPoint <0°C And Boiling Point ≤35°C)	<input type="checkbox"/> Easily Flammable (FlashPoint < 21°C)	<input type="checkbox"/> Flammable (FlashPoint ≥ 21° C and ≤ 55°
<input type="checkbox"/> Carcinogen	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Ecotoxic	<input type="checkbox"/> Infectious
<input type="checkbox"/> Irritant	<input type="checkbox"/> Mutagenic	<input type="checkbox"/> Noxious	<input type="checkbox"/> Teratogenic
<input type="checkbox"/> Toxic	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Water/Air Reactive	<input type="checkbox"/> Other:

23. HAZARDOUS CONSTITUENTS

Indicate the concentration of the constituents, as applicable, in mg/l or mg/kg.

<input type="checkbox"/> Acidic Solutions/Solids	<input type="checkbox"/> Antimony	<input type="checkbox"/> Aromatic Compounds	<input type="checkbox"/> Arsenic Concentration:
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Basic Solutions/Solids	<input type="checkbox"/> Beryllium Concentration:	<input type="checkbox"/> Cadmium Concentration:
<input type="checkbox"/> Chlorates	<input type="checkbox"/> Chromium Compounds (Hexavalent): Concentration:	<input type="checkbox"/> Copper Compounds (Soluble): Concentration:	<input type="checkbox"/> Cyanides (Inorganic) Concentration:
<input type="checkbox"/> Cyanides (Organics) Concentration:	<input type="checkbox"/> Halogenated Solvents Specify Halogen and Concentration:	<input type="checkbox"/> Isocyanates	<input type="checkbox"/> Lead Concentration:
<input type="checkbox"/> Mercury Concentration:	<input type="checkbox"/> Metallic Carbonyles	<input type="checkbox"/> Nitrites Concentration:	<input type="checkbox"/> PCBs/PCTs Concentration:
<input type="checkbox"/> Perchlorates	<input type="checkbox"/> Peroxides	<input type="checkbox"/> Pharmaceutical or Veterinary Compounds	<input type="checkbox"/> Phenols
<input type="checkbox"/> Plague Killers and other Biocides	<input type="checkbox"/> Polychlorated Dibenzofuran Compounds	<input type="checkbox"/> Polychlorated Dibenzo-para-dioxins	<input type="checkbox"/> Selenium: Concentration:
<input type="checkbox"/> Tellurium: Concentration:	<input type="checkbox"/> Thallium Concentration:	<input type="checkbox"/> Tar base products from refining/distillation ops	<input type="checkbox"/> Organo-halogenated Compounds Concentration:
<input type="checkbox"/> Used Synthetic or Mineral Oils, Including Water- Oil Mixtures and Emulsions		<input type="checkbox"/> Non-Identifiable or new lab chemicals whose effects on the environment are unknown: Explain:	

24. SUGGESTED CONTRACT LINE ITEM NUMBER (CLIN) FOR DISPOSAL:

NOTE: Explosive and infectious wastes cannot be received by the DRMO.

Sample Spill Report

ASAP COMPLETE AND RETURN TO ENVIRONMENTAL OIL AND HAZARDOUS SUBSTANCE SPILL REPORT

SPILL NUMBER ASSIGNED BY ENVIRONMENTAL		PHONE NUMBER		REPORTED HOW? PHONE _____ FAX _____ OTHER _____		
PERSON REPORTING SPILL, PRINT NAME		DATE, TIME DISCOVERED NAME OF PERSON		DATE AND TIME REPORTED		
SPILL LOCATION ADDRESS		SUBSTANCE TYPE / IDENTIFICATION - WHAT WAS SPILLED?				
QUANTITY SPILLED gallons _____ pounds _____		QUANTITY RECOVERED gallons _____ pounds _____		QUANTITY TURNED IN TO HAZ WASTE SHOP gallons _____ pounds _____		
POTENTIAL RESPONSIBLE PARTY			FACILITY TYPE			
SOURCE OF SPILL: (circle one) truck, tank, can, drum, box, bag, bottle. Other _____						
CAUSE OF SPILL (primary cause) accident, human factor, structural, mechanical, other - explain:						
CLEANUP ACTIONS BY SHOP PERSONNEL						
RESOURCES AFFECTED/THREATENED: Water sources (fresh or marine), air, wildlife, wells, walk way, road, dock, equipment, etc.		SURFACE AREA AFFECTED _____ SURFACE TYPE _____				
COMMENTS:						
<table border="1" style="margin: auto; width: 60%;"> <tr> <td>ENVIRONMENTAL USE ONLY</td> </tr> </table>						ENVIRONMENTAL USE ONLY
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SPILL NAME, IF ANY			NAMES OF STAFF RESPONDING			
NOSC NOTIFIED YES _____ NO _____ TIME AND DATE _____		RESPONSE ACTION TAKEN: phone follow-up, field visit, took report, other:				
CLEANUP CLOSURE ACTION						
NFA _____; MONITORING _____; TRANSFERRED TO _____; OTHER _____						
STATUS OF CASE; opened _____; closed _____; DATE CLOSED _____						
COMMENTS:						
REPORT PREPARED BY				DATE:		