

Waste Material
(Common Name):

Local Waste ID:

Date Reviewed

Functional Area:

Building:

Location:

Shop Name:

Contact:

Material Generation Process/Description:

Estimated Quantity Generated (lbs/month):

Container/Collection Method (type/size original container, sewer, etc):

Handling/Disposition:

Check if yes for any of the following and document reference.

Solid Waste ☐

Solid Waste Exclusion ☐

HW Exclusion ☐

Other Exemption ☐

Applicable exclusion/exemption and reference:

Check if yes for any of the following and document applicable waste code and treatment method:

Listed: ☐

F

K

P

U

Characteristic: ☐

D001

☐

D002

☐

D003

☐

Toxic

☐

Toxic Code:

Hazardous Waste ☐

Non-Hazardous ☐

Universal Waste ☐

LDR ☐

Treatment Method:

Final RCRA Waste Code Determination:

State Waste Codes:

Method of Analysis
(Check all that apply):

Lab Analysis ☐

User Knowledge ☐

MSDS ☐

Other

Waste reduction/Pollution Prevention Opportunity: ☐

Pollution Prevention Opportunity Assessment:

Supporting Documents:

CEOSH MSDS Link:

<http://vaww.ceosh.med.va.gov/ceosh/MSDS.shtml>

Reviewer:

Comments:

Record

Station Number

Site Name