

SYNTO

Training & Professional Development Waste Characterization Profile

FOR TRAINING USE ONLY — This form is a composite training example and is not associated with any specific TSDF

PROFILE NUMBER: _____

A. GENERATOR INFORMATION

Generator Name:		EPA ID #:		
Primary Contact:	Title:	Phone:	Fax:	
Site Address (where waste is generated):		City:	State:	Zip:
County:	Email:			
24-Hr Emergency Phone:		SIC/NAICS Code:		
Generator Status: <input type="checkbox"/> LQG <input type="checkbox"/> SQG <input type="checkbox"/> VSQG <input type="checkbox"/> Non-Hazardous Only				

B. BILLING INFORMATION

Same as Generator (if checked, skip to Section C)

Billing Company:		Billing Contact:		
Billing Address:		City:	State:	Zip:
Phone:	Fax:	Billing Email:		

C. WASTE DESCRIPTION

Common Waste Name:		
Process Generating Waste (describe the specific process, not just "manufacturing"):		
EPA Hazardous Waste Code(s):	State Waste Code(s):	
Listed Waste? <input type="checkbox"/> F-List <input type="checkbox"/> K-List <input type="checkbox"/> P-List <input type="checkbox"/> U-List <input type="checkbox"/> No (Characteristic Only)		
EPA Source Code:	EPA Form Code:	System Code:

D. DOT & SHIPPING INFORMATION

Proper DOT Shipping Name:				
Hazard Class:	UN/NA #:	Packing Group:	RQ (lbs):	N.O.S. Constituents:
Container Type: <input type="checkbox"/> Drum <input type="checkbox"/> Tote <input type="checkbox"/> Roll-Off <input type="checkbox"/> Tanker <input type="checkbox"/> Cubic Yd Box <input type="checkbox"/> Cylinder <input type="checkbox"/> Other: _____				
Volume / Quantity:			Frequency: <input type="checkbox"/> One-Time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	
Containers inside larger containers WITHOUT absorbent (Loose Pack)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Containers inside larger containers WITH absorbent (Lab Pack)? <input type="checkbox"/> Yes <input type="checkbox"/> No	



SYNTO

Training & Professional Development

Waste Characterization Profile

FOR TRAINING USE ONLY — This form is a composite training example and is not associated with any specific TSDF

G. SPECIAL CHARACTERISTICS & HAZARDS

<input type="checkbox"/> Explosive	<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Water Reactive	<input type="checkbox"/> Air Reactive
<input type="checkbox"/> Polymerizable	<input type="checkbox"/> Temperature Sensitive	<input type="checkbox"/> Spontaneously Combustible	<input type="checkbox"/> Pyrophoric
<input type="checkbox"/> Radioactive	<input type="checkbox"/> Biohazard / Infectious	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Metal Fines / Powders
<input type="checkbox"/> Herbicide / Pesticide	<input type="checkbox"/> Dioxins / Furans	<input type="checkbox"/> Medical Waste	

Does waste contain PCBs? (TSCA regulated)	<input type="checkbox"/> Yes <input type="checkbox"/> No
PCBs > 50 ppm or from a source that was > 50 ppm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this waste a Used Oil (per 40 CFR 279)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used oil mixed with hazardous waste?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Halogens > 1,000 ppm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
VOCs ≥ 500 ppm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject to Subpart CC (40 CFR 264/265.1080)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any exclusions and/or exemptions apply (40 CFR 261.4)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, cite exclusion/exemption:	
PCB concentration (if applicable):	
RMP and/or PSM components present? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, specify:	
Special handling or precautions required? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain:	

H. BENZENE NESHAP QUESTIONNAIRE

Does waste contain benzene? <input type="checkbox"/> Yes <input type="checkbox"/> No	Benzene concentration range:
Waste contains > 10% water? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Facility TAB (Mg/yr):	Generator SIC Code:



SYNTO

Training & Professional Development

Waste Characterization Profile

FOR TRAINING USE ONLY — This form is a composite training example and is not associated with any specific TSDF

I. WASTE CHARACTERISTICS / TCLP CERTIFICATION

Basis for Determination: Lab Data (LD) Generator Knowledge (GK) SDS/MSDS Both (attach analysis)

Code	Contaminant	Reg. Level	Result	Code	Contaminant	Reg. Level	Result
D001	Ignitability	FP<140°F		D023	o-Cresol	200.0	
D002	Corrosivity	pH<2/>12.5		D024	m-Cresol	200.0	
D003	Reactivity	See 261.23		D025	p-Cresol	200.0	
D004	Arsenic	5.0		D026	Cresol (total)	200.0	
D005	Barium	100.0		D027	1,4-Dichlorobenzene	7.5	
D006	Cadmium	1.0		D028	1,2-Dichloroethane	0.5	
D007	Chromium	5.0		D029	1,1-Dichloroethylene	0.7	
D008	Lead	5.0		D030	2,4-Dinitrotoluene	0.13	
D009	Mercury	0.2		D031	Heptachlor	0.008	
D010	Selenium	1.0		D032	Hexachlorobenzene	0.13	
D011	Silver	5.0		D033	Hexachlorobutadiene	0.5	
D012	Endrin	0.02		D034	Hexachloroethane	3.0	
D013	Lindane	0.4		D035	Methyl Ethyl Ketone	200.0	
D014	Methoxychlor	10.0		D036	Nitrobenzene	2.0	
D015	Toxaphene	0.5		D037	Pentachlorophenol	100.0	
D016	2,4-D	10.0		D038	Pyridine	5.0	
D017	2,4,5-TP (Silvex)	1.0		D039	Tetrachloroethylene	0.7	
D018	Benzene	0.5		D040	Trichloroethylene	0.5	
D019	Carbon Tetrachloride	0.5		D041	2,4,5-Trichlorophenol	400.0	
D020	Chlordane	0.03		D042	2,4,6-Trichlorophenol	2.0	
D021	Chlorobenzene	100.0		D043	Vinyl Chloride	0.2	
D022	Chloroform	6.0					

If D001–D043 apply, are Underlying Hazardous Constituents (UHCs) present? Yes No (If Yes, list in Section E or attach)

If F001–F005 or F039, list applicable hazardous constituents on LDR notification form (attach).

J. FOR NON-HAZARDOUS / NON-RCRA / EXEMPT WASTE

Unused/off-spec non-hazardous product — attach Safety Data Sheets

Documented history confirms non-hazardous classification — describe:

Current analytical data (< 2 yrs) confirms non-hazardous — attach TCLP, EPA 8260/8270 or equivalent

Universal Waste (40 CFR 273) — specify type:

K. GENERATOR CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person(s) directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for violations.

I agree to notify the receiving facility in writing of any changes to the waste material or generating process prior to shipping for reevaluation and approval. Any sample submitted for analysis or attached laboratory data is representative of the material offered for approval. If this waste stream is a used oil, I further certify it has not been mixed with hazardous waste as defined in 40 CFR Part 279.

Authorized Signature:	Print Name:	Title:	Date:
-----------------------	-------------	--------	-------

