



GENERATOR WASTE PROFILE SHEET _____ **Profile Number** _____ **EWS initials**

(Please carefully read instructions before completing this form. Please Print in Ink or Type)

1. Billing Information

1. Billing Party Name:
2. Mailing Address:
3. Contact:
4. Phone:
5. Fax:

2. Generator Information

1. Generator Name:
2. Generator Site Address:
3. City: _____ State: _____ Zip: _____
4. Generator US EPA Identification Number:
5. Generator Mailing Address (if Different):
6. City: _____ Country: _____ State: _____ Zip: _____
7. Generator Contact Name:
8. Phone Number: () 9. Fax Number: ()

3. Waste Properties and Composition

10. (A) Process Generating Waste:
10. (B) Is the waste US EPA HAZARDOUS WASTE (40 CFR Part 261)?
11. (a) Waste Name:

11. (b) US DOT Proper Shipping Name:	
12. Physical State	<input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Powder <input type="checkbox"/> Liquid <input type="checkbox"/> Other
13. Method of Shipment	<input type="checkbox"/> Bulk <input type="checkbox"/> 55-Gal Drum <input type="checkbox"/> Tote <input type="checkbox"/> Other Explain
14: Special Handling Instructions:	WEAR CORRECT PPE
15: Waste Composition:	

4. Sampling information

Type of Sample:	<input type="checkbox"/> Grab Sample	<input type="checkbox"/> Composite Sample	<input type="checkbox"/> Generator Knowledge
16: Sampling Source (drum, stockpile, pond):	16 (a) Date Sampled:		
16 (b): Sampler's Name & Company:	<input type="checkbox"/> No Sample Required		

5. Characteristic Components

COLOR:	ODOR:	FREE LIQUIDS %	% SOLIDS:	pH:	Flash Point:	SPEC. GRAVITY:
Does this waste contain regulated concentrations of listed hazardous wastes defined by § 40 CFR 261.31.261.32.261.33 including RCRA F Listed Solvents			No			
Does this waste contain any PCB's halogens or dioxins?			No			
Is this a regulated Toxic Material as defined by State or Federal Regulations			No			
Does this waste exhibit <u>any</u> characteristics of Radioactivity as defined by State or Federal Regulations?			No			
Does this waste contain any Infectious or Medical Waste as defined by State or Federal Regulations?			No			

Payment on this project is due net 30 days, unless agreed otherwise in writing. Certificates will be issued once payment for the above job is paid in full. Client/generator will be responsible for all the collection fees and late payment charges. Environmental Waste Solutions (EWS) reserves the right to test all or any inbound loads before acceptance.

Generator Certification

I hereby certify that all information submitted in this and all attached documents contain true and accurate descriptions of the waste. Any sample submitted is representative as defined in 40 CFR 261 – Appendix 1 or by using an equivalent method. All relevant information regarding known or suspected hazards in possession of the generator has been disclosed. I authorize EWS to obtain a sample from any waste shipment for purposes of identifying the waste or recertification. If this certification is made by a broker, the undersigned signs as authorized agent of the generator and has confirmed the information contained in the Profile Sheet from information provided by the generator and additional information as it has determined to be reasonably necessary.

_____ Signature	_____ Printed (or typed) name and title	_____ Date
---------------------------	---	----------------------