

SECTION 1 - PRODUCT IDENTIFICATION

Generator:	
Waste / Material Name:	
Process generating waste:	
Technical / Emergency Contact Name:	Phone #:

SECTION 2 - COMPOSITION

Components	CAS #	Concentration (wt%)

SECTION 3 - PHYSICAL DATA

Physical State: Liquid	Color / Appearance:
Odor: <input type="checkbox"/> Strong, <input type="checkbox"/> Moderate, <input type="checkbox"/> Mild - Describe:	
pH:	Freezing Point (deg F):
Incompatibility (materials or conditions to avoid):	

SECTION 4 - HEALTH HAZARD INFORMATION

What type of irritation could reasonably be expected while unloading/processing this waste? <input type="checkbox"/> Skin, <input type="checkbox"/> Eye, <input type="checkbox"/> Nose, <input type="checkbox"/> Throat, <input type="checkbox"/> None - Describe:
What type of irritation could reasonably be expected while cleaning up a spill of this waste? <input type="checkbox"/> Skin, <input type="checkbox"/> Eye, <input type="checkbox"/> Nose, <input type="checkbox"/> Throat, <input type="checkbox"/> None - Describe:
What type of long-term effects can be expected? Describe: <input type="checkbox"/> Carcinogenic effects, <input type="checkbox"/> Reproductive effects
Additional Signs / Symptoms of over Exposure:
Emergency / First Aid Procedures:

SECTION 5 - PPE RECOMMENDATION FOR SAFE HANDLING AND SPILL CLEANUP

****Information provided in this section should be based on the PPE required of the generator's employees managing the wastestream. What type of PPE, specifically, should be worn when unloading/processing and in the case of a spill of the waste.**

Eye Protection (Handling):	Eye Protection (Spill):
Gloves (Handling):	Gloves (Spill):
Respiratory Protection (Handling):	Respiratory Protection (Spill):
Other PPE (Handling):	Other PPE (Spill):
Special Precautions / Equipment:	

SECTION 6 - CERTIFICATION

I hereby certify that the above information is true and accurate to the best of my knowledge.	
Name(Printed):	Phone #:
Title:	Company:
Signature:	Date: