

Generator's Waste Profile Sheets (WPS)

NATIONAL
ENVIRONMENTAL
PRESERVATION
COMPANY



Waste Profile Sheet Number

A. General Information	(Shaded Areas for BeeA'h Use Only)
1. Generator Name:	2. Generator ID: _____ - _____ -BJ- _____ - _____
3. Facility Address:	4. WPS Review Date:
City Code:	5. Authorized Representative:
6. Other ID:	7. Title:
8. Telephone No.:	9. Fax No.:

B. Name and Source of Waste
1. Name of the Waste:
2. Describe the Process Generating the Waste: _____ _____

C. Physical Characteristics of Waste					
1. Colour: _____	2. Does the waste have a strong incidental odour? <input type="checkbox"/> No <input type="checkbox"/> Yes, describe: _____	3. Physical State at 21°C: <input type="checkbox"/> Solid <input type="checkbox"/> Semi-solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other: _____	4. Layers: <input type="checkbox"/> Multilayered <input type="checkbox"/> Bi-layered <input type="checkbox"/> Single Phase	5. Specify Gravity Range: _____ - _____	6. Free Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No Volume %: _____
7. pH: <input type="checkbox"/> ≤2 <input type="checkbox"/> >2 to <7 <input type="checkbox"/> 7 <input type="checkbox"/> >7 to <12.5 <input type="checkbox"/> ≥12.5 <input type="checkbox"/> Range _____ <input type="checkbox"/> N/A					
8. Liquid Flash Point: <input type="checkbox"/> <-18°C <input type="checkbox"/> ≥-18°C to <23°C <input type="checkbox"/> ≥23°C to <61°C <input type="checkbox"/> ≥61°C <input type="checkbox"/> None <input type="checkbox"/> Closed Cup <input type="checkbox"/> Open Cup					

D. Chemical Composition	Range		E. Metals Indicate if this waste contains any of the following: 1. <input type="checkbox"/> EP TOX/TCLP or 2. <input type="checkbox"/> Total		
	Min. %	Max %	Metal	Less than	Actual
			Arsenic	<input type="checkbox"/> <5 ppm	ppm
			Barium	<input type="checkbox"/> <100 ppm	ppm
			Cadmium	<input type="checkbox"/> <1 ppm	ppm
			Chromium (Total)	<input type="checkbox"/> <5 ppm	ppm
			Lead	<input type="checkbox"/> <5 ppm	ppm
			Mercury	<input type="checkbox"/> <0.2 ppm	ppm
			Selenium	<input type="checkbox"/> <1 ppm	ppm
Please Note: The chemical composition total must be equal to 100%.	TOTAL:		Silver	<input type="checkbox"/> <5 ppm	ppm
				<input type="checkbox"/> < ppm	ppm

Generator's Waste Profile Sheets (WPS)

**NATIONAL
ENVIRONMENTAL
PRESERVATION
COMPANY**



Waste Profile Sheet Number

Indicate if this waste is any of the following:			Indicate if this waste contains any of the following:		
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Infectious	<input type="checkbox"/> Toxic	<input type="checkbox"/> None	<input type="checkbox"/> Less Than	<input type="checkbox"/> Actual
<input type="checkbox"/> Explosive	<input type="checkbox"/> Irritant	<input type="checkbox"/> Oxidizing	<input type="checkbox"/> PCB's	<input type="checkbox"/> <50 ppm	_____ ppm
<input type="checkbox"/> Flammable	<input type="checkbox"/> Radioactive	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Cyanides	<input type="checkbox"/> <50 ppm	_____ ppm
<input type="checkbox"/> Ignitable	<input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Phenols	<input type="checkbox"/> <50 ppm	_____ ppm
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Sulphides	<input type="checkbox"/> <50 ppm	_____ ppm

G. Special Incineration Parameters			H. Optional Incineration Parameters
None	Less Than	Actual	(Provide if information is available)
<input type="checkbox"/> Antimony	<input type="checkbox"/> <5000 ppm	_____ ppm	1. Heat Value (kcal/kg): _____
<input type="checkbox"/> Beryllium	<input type="checkbox"/> <5000 ppm	_____ ppm	2. Water: _____ %
<input type="checkbox"/> Thallium	<input type="checkbox"/> <5000 ppm	_____ ppm	3. Viscosity (cps): _____ @ 50°C
<input type="checkbox"/> Bromine	<input type="checkbox"/> <1%	_____ %	4. Ash: _____ %
<input type="checkbox"/> Chlorine	<input type="checkbox"/> <5%	_____ %	5. Settleable solids: _____ %
<input type="checkbox"/> Fluorine	<input type="checkbox"/> <1%	_____ %	6. Is this waste a pumpable liquid? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Sulphur	<input type="checkbox"/> <3%	_____ %	By what method? _____
<input type="checkbox"/> Sodium	<input type="checkbox"/> <1%	_____ %	7. Can this waste be heated to improve flow? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Potassium	<input type="checkbox"/> <1%	_____ %	8. Is this waste soluble in water? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Phosphorous	<input type="checkbox"/> <1%	_____ %	9. Particle Size: Will the solid portion of this waste pass through a 1/8 inch screen? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> _____	<input type="checkbox"/> <	_____ %	
<input type="checkbox"/> _____	<input type="checkbox"/> <	_____ %	

I. Transportation Information	
1. Proper Shipping Name: _____	2. Anticipated Volume/Unit: _____
3. Category: _____	4. Class: _____
5. Identification No.: _____	
6. NFPA Classification: Health: _____ Flammability: _____ Reactivity: _____ Special Hazard: _____	
7. Additional Description: _____	
8. Method of Shipment: <input type="checkbox"/> Bulk Liquid <input type="checkbox"/> Bulk Solid <input type="checkbox"/> Drum (type/size) _____ <input type="checkbox"/> Other _____	

J. Special Handling Information (Attach MSDS for hazardous components) (Attach Analytical Data)
_____ <input type="checkbox"/> Additional page(s) attached

K. Generator Certification:
I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions of this waste material, and all relevant information regarding known or suspected hazards in the possession of generator has been disclosed.

Signature: _____ Title: _____

Name (type or print): _____ Date: _____