

**A. GENERAL INFORMATION**

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 COMPANY ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ GENERATOR US EPA ID (optional): \_\_\_\_\_  
 GENERATOR INFORMATION same as above   
 GENERATOR NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 GENERATOR ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ FAX: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ - \_\_\_\_\_ GENERATOR US EPA ID (optional): \_\_\_\_\_

**B. NAME OF WASTE (one type per profile sheet):** \_\_\_\_\_

PROCESS GENERATING WASTE: \_\_\_\_\_

**C. TYPE OF WASTE (check more than one box ONLY if waste is similar in composition)**

PHARMACEUTICALS-PRESCRIPTION  PHARMACEUTICALS-OVER THE COUNTER  
 PHARMACEUTICALS-SCHEDULE  FILTERS  RETURNED PRODUCT  
 EXPIRED PRODUCT  FOOD  CLEAN-UP/DEBRIS  EVIDENCE  
 EMPTY CONTAINERS  DOCUMENTS  DATA STORAGE MEDIA  SOIL  
 OTHER PLEASE DETAIL ALL WASTE TYPES SELECTED: \_\_\_\_\_

**D. WASTE DESCRIPTION**

Does this waste contain any of the following:  
 SHARPS/NEEDLES (new)  ALUMINUM\*  TAR  
 FLUORIDE  FIBERGLASS/GRAPHITE  GLASS\*  ASBESTOS, non-friable  
 ANY SUBSTANCE WITH A LOW MELTING POINT; wax, bar soap, etc.  SULFUR (acceptance dependent on percentage)  
**WASTE LISTED ABOVE CANNOT BE ACCEPTED FOR DISPOSAL AT THE WASTE TO ENERGY FACILITY BUT MAY BE LANDFILLED.**  
*\*Minute quantities of aluminum and glass may be incinerated.*  
 ASBESTOS, friable  BIOHAZARDOUS  ELECTRONICS (any waste containing a circuit board)  
**FRIABLE ASBESTOS, BIOHAZARDOUS WASTE, AND ELECTRONIC WASTE CANNOT BE ACCEPTED FOR DISPOSAL AT EITHER FACILITY.**  
 PHYSICAL STATE at 70°F:  SOLID  SEMI-SOLID  LIQUID  POWDER  OTHER (O)  
 (check one) IF OTHER, PLEASE DESCRIBE: \_\_\_\_\_  
 ODOR:  
 (check one)  NONE  MILD  STRONG  
**PLEASE DESCRIBE FULLY ALL WASTE ON THIS PROFILE FORM:** \_\_\_\_\_

**E. DETERMINATION OF HAZARD**

IS THE WASTE A LISTED HAZARDOUS WASTE:  YES  NO  
 IS THE WASTE CLASSIFIED AS HAZARDOUS BY THE STATE OF CALIFORNIA (and shipping from CA):  YES  NO  
 IS THE WASTE A CHARACTERISTIC HAZARDOUS WASTE:  YES  NO

**Toxicity.** Determine toxicity using the Toxicity Characteristic Leaching Procedure (TCLP). Please check all boxes that apply.

**TCLP TEST RESULTS ATTACHED:**  YES  NO

**Reactivity.** Waste is Characteristic Hazardous for reactivity if a representative sample includes one of the following (check all that apply):

- normally unstable and readily undergoes violent change
- reacts violently with water
- forms potentially explosive mixtures with water
- when mixed with water, generates toxic gas ES
- cyanide or sulfide bearing waste which can generate toxic gases
- capable of detonation or explosive reaction
- readily capable of detonation or explosive decomposition
- a forbidden explosive

**Corrosivity.** Waste is Characteristic Hazardous for corrosivity if it is liquid with a pH of less than or equal to 2, or greater than or equal to 12.5 (check one pH level).

<input type="checkbox"/> <2	<input type="checkbox"/> 4.1-6.9	<input type="checkbox"/> 7.1-10	<input type="checkbox"/> >12.5
<input type="checkbox"/> 2-4	<input type="checkbox"/> 7	<input type="checkbox"/> 10.1-12.5	<input type="checkbox"/> N/A
			<input type="checkbox"/> EXACT

**Ignitability.** Can be determined by any one of the following (check all that apply):

<input type="checkbox"/> liquid with a flash point of less than 140°F
<input type="checkbox"/> not a liquid but capable, under normal conditions, of causing fire
<input type="checkbox"/> is an ignitable compressed gas
<input type="checkbox"/> is an oxidizer

**F. WASTE FREQUENCY**

ESTIMATED VOLUME: \_\_\_\_\_

PER, ESTIMATED FREQUENCY:  SEMI-WEEKLY  WEEKLY  BI-WEEKLY  SEMI-MONTHLY

MONTHLY  BI-MONTHLY  QUARTERLY  SEMI-ANNUALLY  ANNUALLY

OTHER Additional Information: \_\_\_\_\_

**G. PACKAGING**

PACKAGING:  BOXES-SMALL  BOXES-MEDIUM  BOXES-CUBIC YARD\*  BAGS

DRUMS-FIBER  DRUMS-POLY  SUPER SACKS  ASSORTED PKG  OTHER

Additional Information: \_\_\_\_\_

**Please note: ALL waste not properly palletized and shrink wrapped will be rejected for incineration at the waste to energy facility. STEEL DRUMS CANNOT BE ACCEPTED at the waste to energy facility**

*\* cubic yard boxes accepted only with prior approval.*

**H. SUPPORTING DOCUMENTATION**

Attach applicable:  Materials Safety Data Sheet (MSDS)  Lab Analysis

Explain why supporting documentation is not attached, or why it is unnecessary, etc: \_\_\_\_\_

**I. DOCUMENTATION REQUIREMENT**

Will you require a Certificate of Destruction when disposing of this waste?  YES (\$125 per ton)  NO (\$82 per ton)

**J. DISPOSAL FACILITY\***

Waste to Energy Facility (incinerator)  Landfill

*\*If the waste profiled on this form includes needles, asbestos, fluoride, glass, fiberglass, tar, aluminum, any substance with a low melting point, powders, or liquids Wasatch may required additional information prior to final acceptance and facility approval. RCRA hazardous material, friable asbestos, biohazardous material, and electronic waste of any kind cannot accepted at either facility.*

**K. CERTIFICATION**

**I hereby certify that the waste described on this form is RCRA Non Hazardous waste, and does not contain RCRA HAZARDOUS WASTE OF ANY KIND or waste unsuitable for disposal at Wasatch facilities. Should any unacceptable waste be delivered to either Wasatch facility, I will be responsible for immediate removal of such waste. I also understand that unacceptable waste may incur additional processing/handling fees.**

Signature \_\_\_\_\_ Contact Phone: \_\_\_\_\_ x \_\_\_\_\_

Print Name: \_\_\_\_\_ Alternative Phone \_\_\_\_\_ x \_\_\_\_\_

Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Fax \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**WASTE APPROVAL (for office use only)**

Listed Hazardous  yes  no

California Hazardous  yes  no

Characteristic Hazardous  yes  no  T  R  C  I

Disposal Facility  waste to energy facility (P)  landfill (LF)

Profile Number \_\_\_\_\_

Accepted (mgr initial) \_\_\_\_\_ waste to energy facility \_\_\_\_\_ landfill