



PRS Waste Profile Questionnaire

1. Generator Information (person or company information generating the waste)
a. Generator Name:
b. Site Address (address where waste is generated):
c. State Or Federal Clean Up Site? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, Site ID #:
d. Contact Name:
e. Phone #:
f. Email:
2. PRS Customer Information (if different from generator)
a. Name:
b. Address:
c. Contact Name:
d. Phone #:
e. Email:
3. Waste Stream.
a. Waste Name (descriptive explanation of waste, i.e. oil water separator, street waste, oil filters, used oil, etc.):
b. Process creating the waste stream (<u>detailed</u> description of process):
c. Supporting Documentation (MSDS, Lab Data, to be supplied): MSDS: <input type="checkbox"/> Lab Data: <input type="checkbox"/> Generator Knowledge: <input type="checkbox"/> Sample Provided to PRS: <input type="checkbox"/>
d. Minimum Lab Tests (supply lab data): i. Total RCRA 8 Metals: <input type="checkbox"/> ii. Total Copper: <input type="checkbox"/> iii. Total Nickel: <input type="checkbox"/> iv. Total Zinc: <input type="checkbox"/> v. List Any Other data Supplied:



PRS Waste Profile Questionnaire

e. Physical Characteristics of Waste.
i. Phases (how many layers):
ii. Color:
iii. Odor (describe):
iv. Percent Liquid (give approx. range):
v. Percent Solid (give approx. range):
vi. Flash Point: <100F: <input type="checkbox"/> 100F to 140F: <input type="checkbox"/> >140F: <input type="checkbox"/>
vii. pH (give approx. range):
viii. Check any that are present in the waste or None: Cyanide: <input type="checkbox"/> PCB's: <input type="checkbox"/> Chlorinated Solvents: <input type="checkbox"/> None: <input type="checkbox"/>
f. Chemical Composition (list all Constituents and how much (percentage) is in the waste)
i.
ii.
iii.
iv.
v.
vi.
vii.
g. Other Chemical Info:
i. Reactive (does it react with other materials?): Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ii. TSCA Regulated (Toxic Substance Control Act): Yes: <input type="checkbox"/> No: <input type="checkbox"/>
4. Shipping Info:
a. DOT shipping name:
b. Type Of Containers: Bulk: <input type="checkbox"/> Drums: <input type="checkbox"/>
c. Anticipated Volume:
d. Frequency (how often will we receive the waste):
5. Signature:
a. Name (print):
b. Title:
c. Date:
d. Generator Sign:
e. PRS Reviewer Sign: