GENERATOR WASTE PROFILE & CERTIFICATION

ENVIRONMENTAL SPECIALISTS

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"Every Drop Counts"

GREEN CHOICE

1. ESI #: _____
   App#: _____
   Sales Rep: _____
   Date Submitted: _____

2. Used Oil: _____
   Oily Waste Water: _____
   Vacuum Service: _____
   Oily Debris: _____

3. Cost:

4. Generator: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Phone: _____
   Generator Status: _____
   EPA ID#: _____
   Technical Contact: _____
   Title: _____

5. Billing Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
   Phone: _____ Fax: _____
   Business Contact: _____
   Title: _____
   Email: _____
   Broker: _____

6 SAMPLE SUBMITTED WITH THIS PROFILE: Yes _____ No _____
Description of waste/ used oil: _____

7. Process generating waste / used oil: _____
Does this waste / used oil contain or has it been mixed with any listed hazardous waste as defined In 40 CFR Part 261? _____ If yes, what listed waste? _____
Does this waste / used oil contain any amount of PCBs? Yes _____ No _____
Does this waste exhibit any hazardous characteristics or has it been mixed with any characteristic hazardous waste as defined in 40 CFR Part 261? Yes _____ No _____
If Yes, what characteristic waste was mixed or does it exhibit? _____
Physical Characteristics: Flash Point: _____ pH: _____ % Liquid: _____
% Solids: _____ % Water: _____ Total Halogens: _____ Viscosity: _____
Container size and type: _____ Frequency of Service: _____
Information based on: _____ Generator Knowledge _____ MSDS _____ Analytical Data

PLEASE ATTACH ANALYSIS - TCLP RESULTS AND APPROPRIATE MSDS

8. Composition	Range
☐ MSDS Attached Total	

9. I certify that I am an authorized representative of the Generator specified above and I further certify that the information provided is accurate, complete and representative of the Non-Hazardous Waste / Used Oil Stream I offer to Environmental Specialists for recycling or disposal.

Print Name: _____ Date: _____
Signature: _____ Title: _____

10. ESI use only. Laboratory and Compliance Review
PCB: _____ H_2O: _____ Total Halogen by Dexsil: _____ Solids: _____
Rebuttal (If required): _____ Reviewed by: _____

CIRCLE ONE: APPROVED NOT ACCEPTABLE