



GENERATOR WASTE PROFILE & CERTIFICATION ENVIRONMENTAL SPECIALISTS

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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
<input type="checkbox"/> 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: _____ H₂O: _____ Total Halogen by Dexsil: _____ Solids: _____
Rebuttal (if required): _____ Reviewed by: _____

CIRCLE ONE: APPROVED NOT ACCEPTABLE