

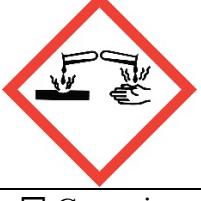
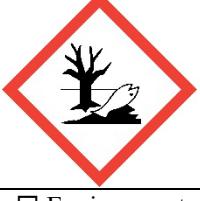
HAZARDOUS WASTE DETERMINATION FORM

Building:	Room:	Generator Name: (The lab's PI)							
Waste Description: (acid waste, HPLC waste, distillation waste, solvent waste, etc.)			PI's Phone Number:						
Generation Process: (how was the waste created? i.e. lab cleanout, HPLC process, organic synthesis process, DNA sequencing, etc.)									
Estimated Quantity Generation Rate: (Within 1 month)									
<input type="checkbox"/> 1L or less <input type="checkbox"/> 4L or less <input type="checkbox"/> 20L or less <input type="checkbox"/> More than 20L									
Physical State: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Aerosol </div> <div style="width: 45%;"> Characteristics: (Select all that apply) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Flammable/Ignitable (D001) Corrosive (D002) Only if pH is: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> pH ≤ 2 </div> <div style="width: 45%;"> <input type="checkbox"/> pH ≥ 12.5 </div> </div> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Not Corrosive Only if pH is >2 & <12.5 </td> </tr> </table> </div> </div>				<input type="checkbox"/> Flammable/Ignitable (D001) Corrosive (D002) Only if pH is: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> pH ≤ 2 </div> <div style="width: 45%;"> <input type="checkbox"/> pH ≥ 12.5 </div> </div>	<input type="checkbox"/> Not Corrosive Only if pH is >2 & <12.5				
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Listed: (EHS will fill in this section) <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> "F" Listed: (F001-F037) <ul style="list-style-type: none"> - Non-Specific Source Wastes </td> <td style="width: 50%;"> <input type="checkbox"/> "P" Listed: (P001-P123) <ul style="list-style-type: none"> - Acutely Toxic Hazardous Waste </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> "U" Listed: (U001-U359) </td> </tr> <tr> <td colspan="2" style="text-align: center;"> Toxic, not identified by EPA Waste Codes. </td> </tr> </table>				<input type="checkbox"/> "F" Listed: (F001-F037) <ul style="list-style-type: none"> - Non-Specific Source Wastes 	<input type="checkbox"/> "P" Listed: (P001-P123) <ul style="list-style-type: none"> - Acutely Toxic Hazardous Waste 	<input type="checkbox"/> "U" Listed: (U001-U359)		Toxic , not identified by EPA Waste Codes.	
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<input type="checkbox"/> "U" Listed: (U001-U359)									
Toxic , not identified by EPA Waste Codes.									
Selected Waste Codes: <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>									
Does the waste contain these metals? If yes, at what concentration?									
Arsenic	Lead								
Barium	Mercury								
Cadmium	Selenium								
Chromium	Silver								

HAZARDOUS WASTE DETERMINATION FORM

Composition: (list all constituents, must equal 100%; approximations are acceptable.)			
Compounds:	Volume% (range)	Compounds (continued):	Volume% (range)
1.		4.	
2.		5.	
3.		6.	

Pictograms: (Check all that apply)

				
<input type="checkbox"/> Health Hazard	<input type="checkbox"/> Irritant	<input type="checkbox"/> Acute Toxicity	<input type="checkbox"/> Flame Over Circle (Oxidizer)	<input type="checkbox"/> Fire Hazard
				
<input type="checkbox"/> Corrosive	<input type="checkbox"/> Explosives	<input type="checkbox"/> Compressed Gas	<input type="checkbox"/> Environment (Aquatic Toxicity)	

Final Determination:

Hazardous Non-Hazardous Medical waste Universal waste Used oil Prohibited to enter drain by ABCWUA

Generator signature: _____ **Date:** _____

Approved by EHS: _____ **Date:** _____