

Profile No.: _____

Completed By: _____

Materials and Resources Inc

Generator Information	Billing Information
Name _____ Address _____ Technical Contact _____ Phone _____ Fax _____ Email _____ SIC Code _____ Site ID _____	Same as Generator _____ Name _____ Address _____ Phone _____ Fax _____ Accounting Contact _____

Material Information

Common Material Name _____

Generating Process _____

Proper TDG/DOT Shipping Name _____

Hazard Class _____ PIN No. _____ Packing Gr. _____

Waste Class Codes (if applicable) _____

Physical Characteristics (circle those that apply)

Physical State	Liquid _____	Solid _____	Sludge _____	Specific Gravity _____
Colour	_____		Flash Point <60°C _____	>=60°C _____ Actual (if known) _____
Odour	None _____	Mild _____	Strong _____	Describe _____
pH	<=2 _____	2.1-7 _____	7-12.4 _____	>=12.5 _____ N/A _____ Actual (if known) _____

Total Composition must be equal to or greater than 100%.

Cas No.	Chemical Name	Minimum	Maximum
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
_____	_____	_____ %	_____ %
Lab analysis attached	Y _____ N _____	Describe _____	_____
MSDS attached	Y _____ N _____	Describe _____	_____

Regulatory Information

Is this a waste per provincial regulation (O. Reg. 347 102/07, Section 2 & 3)? If no, proceed to certification below. Y N

Waste Identification (per O.Reg. 347 (102/07))

1 Is this waste Severely Toxic, Ignitable, Pathological or PCB (>50ppm)?	Y _____	N _____
2 Is the material aqueous waste?	Y _____	N _____
3 Does the waste contain >500ppm VOCs?	Y _____	N _____
4 Is the waste listed as a P or U waste? (Schedule 2 pt A & B)	Y _____	N _____
If Yes, please list: _____		
5 Is the waste a K or F waste? (Schedule 1)	Y _____	N _____
If Yes, please list: _____		
6 Is the waste Corrosive?	Y _____	N _____
7 Is the waste Reactive?	Y _____	N _____
8 Is the waste Leachate Toxic? (TCLP results > Schedule 4 levels)	Y _____	N _____
If Yes, please list: _____		
9 Does the waste contain UHCs above Schedule 6 levels?	Y _____	N _____
If Yes, please list: _____		
10 Is the waste a Liquid Industrial Waste?	Y _____	N _____

Generator Certification

I certify that I am familiar with this material through analyses and/or knowledge, and that all information (including pages of attachments, and Schedule 2B if applicable) submitted is true, accurate and complete and is an accurate representation of all known or suspected hazards, and regulatory identification.

Signature _____ Name (Printed) _____ Title _____

Company _____ Date _____