

WASTE IDENTIFICATION - FORM 2

COMMAND / DEPARTMENT

ANALYSIS #

GENERAL INFORMATION

GENERATOR NAME (HWC OR SUPERVISOR) & PHONE #

WORK CENTER / BUILDING NUMBER / LOCATION / SATELLITE

GENERIC WASTE NAME

PREVIOUS ANALYSIS #

PREVIOUS TCEQ # AND EPA CODES

PROPER SHIPPING NAME

PROCESS GENERATING WASTE

ANTICIPATED GENERATION:

PER

TYPE OF REQUEST

WASTE DESCRIPTION (Complete to best of generator's knowledge)

PHYSICAL STATE

 LIQUID SEMI-SOLID SOLID POWDER

COLOR

ODOR

 NONE MILD STRONG DESCRIBE _____

ARE THERE FREE FLOWING LIQUIDS PRESENT?

 NO YES IF YES, % OF WASTE _____ %

LAYERING (LIQUIDS ONLY)

 MULTI-LAYERED BI-LAYERED SINGLE PHASE

WAS THIS WASTE USED AS, OR CONTAMINATED WITH, A SOLVENT?

 NO YES (IF YES, PROVIDE MSDS FOR SOLVENTS)

CONCENTRATION BEFORE USE

%

CHEMICAL COMPOSITION (MSDS'S OPTIONAL)

FINAL CONCENTRATION

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

(MUST ADD UP TO 100%) TOTAL _____ %

ADDITIONAL REMARKS / MATERIALS USED (Provide chemical name, manufacturer, MSDS if applicable, other descriptive information)

NUMBER OF CONTAINER(S)

SIZE/TYPE OF CONTAINER(S)

CONTAINER ID NUMBER(S)

ACCUMULATION START DATE

CERTIFICATION STATEMENT: This is to certify that the above information submitted on this and all attached documents is, to the best of my knowledge, an accurate representation of the waste turned in for disposal.

ADDITIONAL COMMENTS/VERIFICATION AS REQUIRED (OPTIONAL)

HWC SIGNATURE

ADDITIONAL SIGNATURE

HWCB SIGNATURE

LOCATION OF CONTAINER(S)