



F. METALS (use parts per million with a maximum range of 1000ppm)											
<input checked="" type="checkbox"/> No Metals Present			<input type="checkbox"/> Total			<input type="checkbox"/> TCLP			<input type="checkbox"/> STLC		
Metal	Min	Max	Metal	Min	Max	Metal	Min	Max			
Aluminum	_____	_____	Chromium (D007)	_____	_____	Molybdenum	_____	_____			
Antimony	_____	_____	Chromium VI (D007)	_____	_____	Nickel	_____	_____			
Arsenic (D004)	_____	_____	Cobalt	_____	_____	Selenium (D010)	_____	_____			
Barium (D005)	_____	_____	Copper	_____	_____	Silver (D011)	_____	_____			
Beryllium	_____	_____	Lead (D008)	_____	_____	Thallium	_____	_____			
Cadmium (D006)	_____	_____	Mercury (D009)	_____	_____	Vanadium	_____	_____			
			Mercury (Total)	<input type="checkbox"/> <260ppm	<input type="checkbox"/> =>260ppm	Zinc	_____	_____			

**G. OTHER WASTE STREAM INFORMATION**

Is this waste a "Used Oil" per 40CFR§279?  Yes  No

If Yes, does the oil contain Polychlorinated Biphenyls (PCB's)?  Yes  No

If PCB's are present in the oil is the waste regulated by TSCA per 40CFR§761?  Yes  No

Does the total halogen content of the oil exceed 1,000ppm?  Yes  No

If the total halogen content exceeds 1,000ppm then can you identify the "Chlorinated" constituent?  Yes  Unknown

The chlorinated constituent in this waste oil is: \_\_\_\_\_

Does the waste have any of the following characteristics? (please check all that apply)

<input type="checkbox"/> Aerosol	<input type="checkbox"/> Cyanide	<input type="checkbox"/> Etiological	<input type="checkbox"/> Organic Peroxide	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Shock Sensitive
<input type="checkbox"/> Air Reactive	<input type="checkbox"/> Cylinder	<input type="checkbox"/> Explosive	<input type="checkbox"/> Oxidizer	<input type="checkbox"/> Radioactive	<input type="checkbox"/> Water Reactive
<input type="checkbox"/> Carcinogen	<input type="checkbox"/> Dioxin	<input type="checkbox"/> Infectious	<input type="checkbox"/> Pathogen	<input type="checkbox"/> Undergo Hazardous Polymerization	

Is this waste subject to RCRA Subpart CC Controls? (40CFR§265 SUBPART CC)  Yes  No

If "No", does the waste meet the organic LDR exemption for UHC's? (40CFR§268.48, 268.7)  Yes  No

If "No", does the waste contain <500ppm volatile organic (VOC)? (40CFR§265 SUBPART CC)  Yes  No

Does the waste contain Class I or Class II ozone depleting substances?  Yes  No

**H. DEPARTMENT OF TRANSPORTATION (D.O.T.) SHIPPING INFORMATION**

Is this a U.S. Department of Transportation (USDOT) Hazardous Material?  Yes  No

Proper Shipping Name per 49 CFR 172.101 Hazardous Materials Table (or alternate shipping description if non DOT Regulated):  
Varies - see cylinder inspection sheet

Hazard Class or Division: \_\_\_\_\_ Subsidiary: \_\_\_\_\_ UN/NA# \_\_\_\_\_ Packing Group (I, II, III) \_\_\_\_\_

Is this a Hazardous Substance per Appendix A to 49CFR§172.101?  Yes  No

If "Yes", please specify chemical(s) or waste code(s): \_\_\_\_\_ (RQ) pounds: \_\_\_\_\_

Is this a "Poisonous Inhalation Hazard"?  Yes  No

If "Yes", please indicate Hazard Zone:  Zone A  Zone B  Zone C  Zone D  Other

List two primary hazardous constituents: \_\_\_\_\_

**I. SPECIFIC DISPOSAL RESTRICTIONS OR REQUESTS**

Please list any special waste handling requirements or requests: \_\_\_\_\_

**J. ADDITIONAL COMMENTS**

Generic cylinder profile cover sheet. All cylinders will be approved individually based on cylinder inspection sheets prior to shipment.

**K. GENERATOR CERTIFICATION**

I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and all known or suspected hazardous constituents have been disclosed. I also certify that the obtained sample is representative of the waste material described above and give GEM permission and consent to make amendment and corrections.

\_\_\_\_\_ I give GEM permission and consent to act as my agent and sign waste profiles and LDR's with authorized TSD facilities for the above described waste.

Initial \_\_\_\_\_

_____	_____	_____
Name (print or type)	Signature	Date

**GEM Internal Use Below**