

# WASTE EXPRESS® PROFILE

by  
**HAZ-MAT RESPONSE DISPOSAL, INC.**  
 6300 Stadium Drive, Kansas City, MO 64129 (816) 924-5884 FAX (816) 924-1453

Profile #:	Date Approved:	Approved at:
Sales Rep:	Planned Process:	
Re-certification Dates:		
Broker Info:		

General Information:		Bill To:	
Generator Name:		Company Name:	
Facility Address:		Address:	
Mailing Address:		Contact::	
USEPA ID #:		Phone #:	Fax #:
Technical Contact:	MO ID#:	Waste Name:	
Phone #:	Fax #:	Process Generating Waste:	

Chemical Composition (Totals must be ≥ 100%)		Physical Characteristics	
_____	_____	Color: _____	Odor: <input type="checkbox"/> None <input type="checkbox"/> Mild <input type="checkbox"/> Strong
_____	_____	pH <input type="checkbox"/> ≤ 2.0 <input type="checkbox"/> 2.1 - 12.4 <input type="checkbox"/> ≥ 12.5	Physical State: <input type="checkbox"/> Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Solid
_____	_____	BTU _____	Weight/Specific Gravity _____
_____	_____	Layers: <input type="checkbox"/> Multi-Layered <input type="checkbox"/> Bi-Layered <input type="checkbox"/> Single Phased	Free Liquids: <input type="checkbox"/> Yes <input type="checkbox"/> No Volume _____%
_____	_____	Flash point ° F: <input type="checkbox"/> < 140 <input type="checkbox"/> > 140	Viscosity: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High
Analytical Attached <input type="checkbox"/> Yes <input type="checkbox"/> No MSDS Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Standard Industrial Code (SIC) _____		Halogens: _____ % Weight	
<b>TOTAL 100%</b>			

Other Components – Total (PPM)			Metals		Total (PPM)	TCLP (PPM)
Cyanides: _____	PCB's: _____	Sulfides: _____	Arsenic _____	Lead _____		
_____	_____	_____	Barium _____	Selenium _____		
_____	_____	_____	Cadmium _____	Silver _____		
_____	_____	_____	Chromium _____	Mercury _____		

Shipping Information	Hazardous Characteristics
DOT Hazardous Material Yes <input type="checkbox"/> No <input type="checkbox"/> Proper Shipping Name: _____ DOT Hazard Class _____ UN/NA# _____ PG _____ RQ _____ Is this a hazardous waste as defined by 40 CFR 261? <input type="checkbox"/> Yes <input type="checkbox"/> No Is this waste subject to Land Disposal Restrictions per 40 CFR 268? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reactivity: <input type="checkbox"/> None <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Shock Sensitive <input type="checkbox"/> Explosive <input type="checkbox"/> Water Reactive <input type="checkbox"/> Other Other Hazardous Characteristics: <input type="checkbox"/> None <input type="checkbox"/> Radioactive <input type="checkbox"/> Etiological <input type="checkbox"/> Pesticides <input type="checkbox"/> Other USEPA Hazardous Waste Codes: _____ _____

Certification		
I hereby warrant the sample defined herein is truly representative of all physical and chemical properties of the waste stream as defined in the preceding profile data, and taken in accordance with 40 CFR 261. I have reviewed and am familiar with the information supplied in this and all attached documents and that to the best of my knowledge is true and accurate, and all suspected hazards have been disclosed. Correction Authorization: I authorize WASTE EXPRESS® and/or its representatives to make corrections to this profile which are consistent with the sample presented for characterization and/or regulatory requirements of state and federal agencies. I understand I will receive a corrected copy.		
Generator Signature:	Printed Name and Title:	Date: