



Work Order #	
Reviewed by:	
Date:	
Approval #:	

### NFPA Class 4 Oxidizer Evaluation Form

Generator Name:		Generator Code:	
Generator Address:		Contact Name:	
Generator Phone:		Contact Phone:	

**Important!** Upon discovering an item requiring evaluation, do not remove it from the storage location. Only handle the container if necessary to gain access to the labeling information. You should make every attempt not to handle the container(s). If you need to handle the container to gain information, do so with extreme care.

CHEMICAL NAME	check one	Shipping Description	RCRA
<b>Tetranitromethane</b> Colorless to pale yellow liquid		<b>UN1510 Waste Tetranitromethane, 5.1(6.1), PGI ZONE B, POISON INHALATION HAZARD</b>	P112
<b>Ammonium Perchlorate</b> white powder		<b>UN1442 Waste Ammonium perchlorate, 5.1, PGII</b>	D001
<b>Guanidine Nitrate</b> white powder		<b>UN1467 Waste Guanidine Nitrate, 5.1, PGIII</b>	D001
<b>Hydrogen peroxide &gt;90%</b> Clear liquid		<b>UN2015 Waste Hydrogen peroxide, stabilized, 5.1(8), PGI</b>	D001 D002

*\*If particle size is <15 microns, ammonium perchlorate is an explosive, per NFPA. Ammonium perchlorate may also be an explosive per DOT, as well. In both cases, a manufacturer MSDS is required to determine micron size and shipping information prior to approval. If the material is determined to be an explosive, per NFPA and/or DOT, it will require specialized handling/ removal; contact Technical Services for disposal options*

Virgin/ Sealed Material?	Yes	No	or Spent?	Yes	No
Has the container ever been opened?	Yes	No	If Yes, enter the date opened: _____		
Is there any evidence of crystallization, cloudiness, wisp-like structures, discoloration, solid mass or any other indication of contamination?	Yes	No	If yes describe: _____		
Has the container been under pressure, bulging, etc..? (confirm with customer)			Yes	No	

**Container Information**

Is the product in the original manufacturer's container?	Yes	No		
Manufacturer:	_____	Purchase Date: _____		
Lot Number:	_____	Expiration Date: _____		
Container size:	_____	Volume/Weight remaining in container: _____		
Container Type:	Glass	Plastic	Metal	
Cap Type:	Glass	Plastic	Metal	Cork
Condition of Container:	Rusted	Bulging	Dented	Other

**Storage Conditions** (confirm with customer)

Was the material...			
Subject to direct sunlight?	Yes	No	Unknown
Subject to thermal or physical shock?	Yes	No	Unknown
Mixed with incompatibles (Alcohols, hydrocarbons, organics, amines, etc.)	Yes	No	Unknown

**Call Materials Management for approval**