



Work Order #	
Reviewed by:	
Date:	
Approval #:	

### Peroxidizable Compound Evaluation Form

Generator Name:	Profile #:
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 and composition (list all) : \_\_\_\_\_

Virgin/ Sealed Material? Yes \_\_\_\_\_ No \_\_\_\_\_ or Spent? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the container ever been opened? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, enter the date opened: \_\_\_\_\_

Is the material inhibited\*? Yes  No  if so with what and % \_\_\_\_\_

Is the material anhydrous? 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	<input type="checkbox"/>	Plastic	<input type="checkbox"/>	Metal	<input type="checkbox"/>		
Cap Type:	Glass	<input type="checkbox"/>	Plastic	<input type="checkbox"/>	Metal	<input type="checkbox"/>	Cork	<input type="checkbox"/>
Condition of Container:	Rusted	<input type="checkbox"/>	Bulging	<input type="checkbox"/>	Dented	<input type="checkbox"/>	Other	<input type="checkbox"/>

#### Storage Conditions

Subject to fire?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Subject to thermal or physical shock?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Subject to direct sunlight?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Subject to fluctuations in humidity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Subject to fluctuations in temperature?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Stored indoors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
Stored outdoors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

#### TESTING: (Potential peroxide forming chemicals may require testing for peroxide formation prior to approval)

Was waste tested for peroxide formation? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Date tested: \_\_\_\_\_ Pos. \_\_\_\_\_ Neg. \_\_\_\_\_

Test type: \_\_\_\_\_ Results: \_\_\_\_\_ ppm

While open was reducer added? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Reducing agent: \_\_\_\_\_ % \_\_\_\_\_

While open was inhibitor added? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: Inhibitor: \_\_\_\_\_ % \_\_\_\_\_

#### CERTIFICATION

*This document certifies that the above listed waste material has been properly assessed in accordance with this certification form.*

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send completed document with Profile for approval and with shipping papers**