



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