



CHEMTRON CORPORATION
 35850 Schneider Court – Avon, OH 44011
 Phone: (440) 937-6348
 Fax: (440) 937-6845 or (440) 937-1038
 24 Hr. ER: (440) 937-5950
 EPA ID #: OHD066060609



TCLP (If available, please attach to profile)
 Generator's Knowledge
 Sales Rep: _____

GENERATOR INFORMATION:

Company Name: _____
 Contact Person & Title: _____
 Address: _____
 Phone: _____ Fax: _____
 EPA ID#: _____ Email Address: _____

BILLING INFORMATION:

Company Name: _____ SAME AS ABOVE
 Contact Person & Title: _____
 Address: _____
 Phone: _____ Fax: _____
 Email Address: _____

WASTE INFORMATION:

Generator's Common Name: _____
 EPA Hazardous Waste # (s): _____
 DOT Shipping Description: _____
 DOT Hazard Class: _____ P.G.: I II III UN/NA#: _____
 Process Generating Waste: _____

Quantity: _____ Units: _____ Shipped Per: _____

Are there smaller containers inside larger containers **WITHOUT** absorbant ?(Loose Pack)? Y N
 Are there smaller containers inside larger containers **WITH** absorbant ?(Lab Pack)? Y N

CHEMICAL COMPOSITION:

Please list **COMPLETE CHEMICAL COMPOSITION**.

In addition, please indicate whether each constituent listed is a Toxic Chemical as defined in the Toxic Chemical Release Inventory (Form R),

| Form R | | Constituents | Range |
|----------------------------|----------------------------|--------------|-------|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | | |

Source Code: _____ Form Code: _____ System Code: _____

| | | | |
|---|--|--|--|
| Does this waste meet the definition of a Hazardous Waste per 40 CFR 261? | | | |
| F Listed: <input type="checkbox"/> Y <input type="checkbox"/> N | K Listed: <input type="checkbox"/> Y <input type="checkbox"/> N | P Listed: <input type="checkbox"/> Y <input type="checkbox"/> N | U Listed: <input type="checkbox"/> Y <input type="checkbox"/> N |

