

Information Sheet

GENERATOR INFORMATION	BILLING INFORMATION
Generator Name: _____	Billing Contact: _____
Street Address: _____	Street Address: _____
City, State, Zip: _____	City, State, Zip: _____
Technical Contact: _____	Phone: _____
Technical Phone: _____	Fax: _____
Mailing Address: _____	Email: _____
Email: _____	Other Contact: _____
City, State, Zip: _____	Phone: _____
Additional Contact: _____	Fax: _____
Additional Phone: _____	Email: _____
Additional Email: _____	_____
EPA I.D. Number: _____	_____

COMMON NAME _____

Physical State @ 70 F:	Layers:	Corrosivity (pH):	Odor: _____	Flash Point:
<input checked="" type="checkbox"/> Liquid	<input type="checkbox"/> Single	<input type="checkbox"/> 0 – 2.5	Color: _____	<input type="checkbox"/> < 140
<input type="checkbox"/> Solid	<input type="checkbox"/> Bi-layer	<input type="checkbox"/> 2.5 - 4		<input type="checkbox"/> 140 - 200
<input type="checkbox"/> Semi-Solid	<input type="checkbox"/> Multi-layer	<input type="checkbox"/> 4.0 - 6		<input type="checkbox"/> > 200
<input type="checkbox"/> Sludge		<input type="checkbox"/> 6.0 - 8		<input type="checkbox"/> N/A
		<input type="checkbox"/> > 12		
		<input type="checkbox"/> N/A		

MSDS attached: Yes No Exempted Material: Yes No Used Oil: Yes No
Analytical Attached: Yes No Virgin Material: Yes No Halogens/Chlorine (ppm): _____
(Please attach analytical or certification.)

MATERIAL DESCRIPTION	APPLICABLE STATE CODES

CHEMICAL COMPOSITION	SHIPPING INFORMATION																					
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Constituent Name</th> <th style="text-align: center;">Min.</th> <th style="text-align: center;">Max.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Constituent Name	Min.	Max.																			<input type="checkbox"/> DOT Regulated Material <input type="checkbox"/> Non-Regulated Material DOT Description: _____ Shipping Quantity: _____ Shipping Frequency: <input type="checkbox"/> Once <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Week <input type="checkbox"/> Quarter <input type="checkbox"/> Other Shipping Method: <input type="checkbox"/> Bulk Liquid <input type="checkbox"/> Drum <input type="checkbox"/> Bulk Solid <input type="checkbox"/> Roll-Off
Constituent Name	Min.	Max.																				

The undersigned certifies that all above information is true and accurate to the best of his/her knowledge. All potential hazardous materials have been noted in process description and chemical composition. Shipments may not begin until this material/stream has been approved as acceptable by Eco Partners. If at any time the information above should change or prove different, shipments will cease until further approval is obtained from Eco Partners. The undersigned accepts full responsibility for any misrepresentation and any damage that the misrepresentation does to equipment or personnel of Eco Partners.

Signature: _____ Date: _____
Title: _____

For Internal Use Only	
Approved by: _____	Title: _____
Date: _____	Outbound No.: _____