



ECOFLO, Inc.
 2750 Patterson St.
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TO BE COMPLETED BY ECOFLO	
E-Code No.	_____
Sales Rep.	_____
Sample	<input type="checkbox"/> Yes <input type="checkbox"/> No

MATERIAL CHARACTERIZATION FORM

SECTION A: GENERATOR INFORMATION

1) Name:	4) Technical Contact:
2) Mailing Address:	5) Title:
3) Facility Address:	6) Phone:
	7) Fax:
	8) EPA ID #:

SECTION B: WASTE IDENTIFICATION

1) Waste Name:	
2) Process Generating Waste:	
3) Waste Codes(s): EPA	State
4) Source Code:	5) Form Code: 6) SIC Code:

SECTION C: WASTE CHARACTERISTICS

1) Physical State at 70°F:	Solid <input type="checkbox"/>	Liquid <input type="checkbox"/>	Gas <input type="checkbox"/>	Describe:
2) Layers:	<input type="checkbox"/> Multilayered	<input type="checkbox"/> Bilayered	<input type="checkbox"/> None	3) Viscosity @ 70°F: <input type="checkbox"/> Low <input type="checkbox"/> High Med.
4) % Total solids:	%	Describe:		
5) BTU/LB:		6) pH:	7) Color:	
8) Flash point (CC):	<input type="checkbox"/> <73 °F	<input type="checkbox"/> 73-100 °F	<input type="checkbox"/> 101-140 °F	<input type="checkbox"/> 141-200 °F <input type="checkbox"/> >200 °F Exact::
9) Boiling point:	<input type="checkbox"/> <95 °F	<input type="checkbox"/> >95 °F	10) REACTIVE:	<input type="checkbox"/> Yes <input type="checkbox"/> No Describe:
11) % Total organic halogens:	%	<input type="checkbox"/> Cl <input type="checkbox"/> I <input type="checkbox"/> Br <input type="checkbox"/> F	(check one or more halogens)	
12) Cyanides:	ppm	13) PCB:	ppm	
14) Metals:	<input type="checkbox"/> TCLP <input type="checkbox"/> Total	<input type="checkbox"/> Below Regulatory Limits	(check one)	
As	ppm	Ba	ppm	Cd
Se	ppm	Ag	ppm	Sb
			ppm	Cr
			ppm	Pb
			ppm	Hg
			ppm	Ni
			ppm	Be
			ppm	Tl

SECTION D: CHEMICAL CONSTITUENTS

Constituent	Conc.	Constituent	Conc.
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

Please provide MSDS if available.

SECTION E: SAFETY DATA

1) Hazard Alert Symbol	2) Rated Toxicity	3) Incompatibilities	Describe:
<input type="checkbox"/> Health	<input type="checkbox"/> Ingestion		
<input type="checkbox"/> Flammability	<input type="checkbox"/> Inhalation		
<input type="checkbox"/> Reactivity	<input type="checkbox"/> Skin Absorption		

SECTION F: RECERTIFICATION

I certify that this waste stream has not changed.
Signature:
Title:
Date:

SECTION G: WASTE VOLUME

1) Anticipated volume or container count:	<input type="checkbox"/> Gal <input type="checkbox"/> LBS <input type="checkbox"/> Drums <input type="checkbox"/> Cu. Yd. (check one)
per <input type="checkbox"/> One Time	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Quarter <input type="checkbox"/> Year <input type="checkbox"/> Other:
2) Size of container:	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 55 <input type="checkbox"/> Other:
3) Container Spec:	<input type="checkbox"/> Open Head Drum <input type="checkbox"/> Closed Head Drum <input type="checkbox"/> Lever Lock <input type="checkbox"/> Roll-Off

