

OSU HAZARDOUS WASTE PROCESS DETERMINATION FORM Revision 10/12/2018

Written records are required to demonstrate compliance for all wastes, both hazardous and non-hazardous, that may reasonably be suspected of being hazardous waste.

If you have any questions, please contact EH&S at (541)737-2273 or email us at hazardouswaste@oregonstate.edu

Please submit the completed

Or save it and email to email address above.

Generation Location:		Generator Name: (generator any person, whose act or process produces a hazardous waste)	
Building:	Room:		
Process Name:		Contact Phone Number:	
Generation Process: (how was the waste created)			
Estimated Volume of Waste Generation: (per month) _____ <input type="checkbox"/> mL <input type="checkbox"/> Liter <input type="checkbox"/> Gal <input type="checkbox"/> other _____			
Attachments: (attach all applicable documentation describing the waste (e.g. Acceptable Generator Knowledge, SDS, SOP etc.) :			
List all hazardous constituents, the volume must equal 100%			
Chemical:	Volume %	Compound:	Volume %
1		5.	
2		6.	
3		7.	
4.		8.	
Physical State: <input type="checkbox"/> Solid <input type="checkbox"/> Solid w/freestanding or absorbed liquid <input type="checkbox"/> Liquid (if liquid, indicate if the liquid is: <input type="checkbox"/> Single – Phase <input type="checkbox"/> Multi - Phase <input type="checkbox"/> Other: _____		Characteristics: (Select all that apply) <input type="checkbox"/> Flashpoint _____ <input type="checkbox"/> pH _____ <input type="checkbox"/> Reactive to Air <input type="checkbox"/> Reactive to Water <input type="checkbox"/> Reactive to pressure <input type="checkbox"/> Oxidizer <input type="checkbox"/> Toxic <input type="checkbox"/> Radioactive <input type="checkbox"/> Biological	