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 SUBMIT Or save it and email to email address above.

Generation Location: **Building:** **Room:**	**Generator Name:** (generator any person, whose act or process produces a hazardous waste)
Process Name: Pipettes contaminated with Hazardous chemicals	**Contact Phone Number:**
Generation Process: (how was the waste created) Pipette tip contaminated with chloroform, phenol, ethyl acetate and/or Trizol	
Estimated Volume of Waste Generation: (per month)_____ ☐ **mL** ☐ **Liter** ☐ **Gal** ☒ **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 Chloroform	Trace	**5.**	
2 Phenol	Trace	**6.**	
3 Ethyl Acetate	Trace	**7.**	
4. Trizol	Trace	**8.**	

Physical State:

- ☒ Solid
- ☒ Solid w/freestanding or absorbed liquid
- ☐ Liquid (if liquid, indicate if the liquid is:
  - ☐ Single – Phase
  - ☐ Multi - Phase
- ☐ Other: _____

Characteristics: (Select all that apply)

- ☐ Flashpoint _____
- ☐ pH _____
- ☐ Reactive to Air
- ☐ Reactive to Water
- ☐ Reactive to pressure
- ☐ Oxidizer
- ☒ Toxic
- ☐ Radioactive
- ☐ Biological

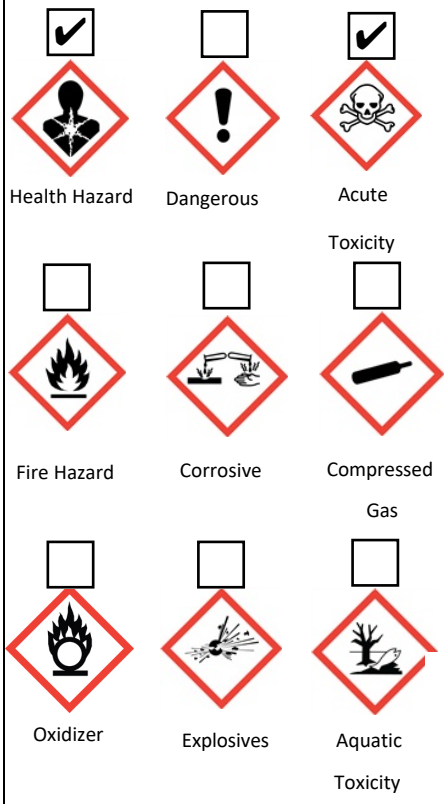
OSU HAZARDOUS WASTE PROCESS DETERMINATION FORM

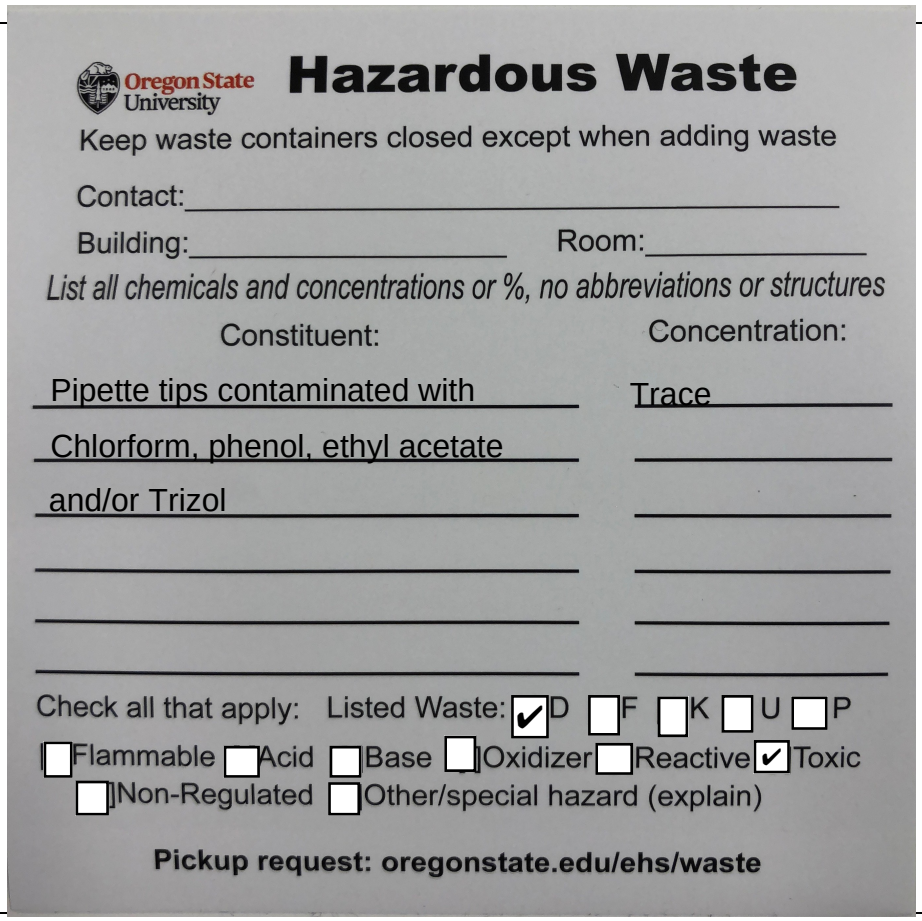
This section is to be filled out by EH&S. Process: Pipettes contaminated with Hazardou

NOTE:

- **This determination must be reviewed annually and whenever there are process or raw material changes that could affect the waste.**
- **This written documentation of Hazardous Waste Process Determination is required by Federal regulation to be retained until 3 years AFTER the waste is no longer being accumulated.**

Pictograms: (Check all that apply)





Oregon State University **Hazardous Waste**

Keep waste containers closed except when adding waste

Contact: _____

Building: _____ Room: _____

List all chemicals and concentrations or %, no abbreviations or structures

Constituent:	Concentration:
Pipette tips contaminated with	Trace
Chlorform, phenol, ethyl acetate	
and/or Trizol	

Check all that apply: Listed Waste: ☑ D ☐ F ☐ K ☐ U ☐ P

☐ Flammable ☐ Acid ☐ Base ☐ Oxidizer ☐ Reactive ☑ Toxic

☐ Non-Regulated ☐ Other/special hazard (explain)

Pickup request: oregonstate.edu/ehs/waste

RCRA WASTE Determination:

☒ Hazardous ☐ Non-Regulated treated as Hazardous Waste ☐ Non-Hazardous

Waste Codes: D001, D002, _____, _____, _____

Generator signature: _____ **Date:** _____

Approved by EHS: Machelle A Bamberger **Date:** 5/10/2021