HAZARDOUS WASTE DETERMINATION FORM – Kansas State University Important: Use one form for each type of waste

Hazardous Waste Determination Form # (for EH&S use only):									
A. LABORATORY/PERSONNEL INFORMATION.									
Name:					Bldg:				
Lab or room where waste is located:					Phone:				
E-mail address:					PI/Supervisor's Name:				
B. WASTE DESCRIPTION (name of waste).									
Concretion Process (how the wests was created):									
Generation Process (now the waste was treated):									
C. WASTE PROPERTIES, CHARACTERISTICS, and CONSTITUENTS.									
Physical State:		pH: [] < 2 [] > 2 but < 12.5							
[] Solid		ГІсс] مند معاد]>12.5	[]N/	/A 			
[] Solid W/freestanding or absorbed liquid [] Liquid /If liquid indicate if the liquid ic:								°C	
[] Single Laver [] Multi-laver				l ſ	1 > 20	0 F DUL < 200 0 °F	F		
					ſ] N/A	0 1		
Characteristics: [] Corrosive Metal Content: [] Antimony* [] Chromium [] Molyhdenun							[] Molyhdenum*		
[] gnitable			the	[]	Vanadium*	[]	Arsenic	[] Cobalt*	
[] Reactive	concentration []Nickel* []7inc* [] Barium						[] Barium		
	of each, if [] Copper* [] Selenium [] Bervllium*					[] Bervllium*			
[] Radioactive		applical	., ble	[]	Lead	[]	Silver	[] Cadmium	
[]				[]	Mercury	[]	Thallium*	[] None	
Is the waste now, or has the waste been, in			*Check these metals (or metal compounds) only if they are in a						
contact with biological pathogens?			friable, powdered, or finely divided state.						
[]Yes []No									
Composition (list all constituents, including debris, any absorbent, freestanding liquid, or absorbed liquid):									
Constituent: Volum		າe %		Cons	tituent:		Volume % (range):		
	liange	-]•							
D. REMARKS. Attach all applicable documentation describing the waste (e.g. process knowledge statement, MSDS,									
manufacturer's specifications, sample analysis, etc.):									
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E. REQUESTOR'S CERTIFICATION. By signing	ng the f	orm, the r	eque	stor ce	ertifies (base	ed on j	process know	ledge or certified	
records) that all information is complete a	ind accu	irate to th	e bes	t of hi	s/ner knowl	eage.			
Printed Name:			signat	ure:					

Upon completing blocks A, B, C, D and E, send the form to <u>waste@ksu.edu</u> or 1628 Claflin Rd, 141 Dykstra, Manhattan, KS 66506. Be sure to save a copy of the form for your records.