LABORATORY WASTE DEPARTMENT GENERATOR QUESTIONNAIRE

1. Ge	enerator Information			
A.	Generator name			
В.				
C.				
D.				
E.				
F.				
G.	Small quantity generator:	Yes	No	
H.	Federal ID number (if applicable)			
I.	Have you ever had a lab pack done before?	Yes	No	
lf	yes, when?	By whom?		
2. De	escription of Waste			
Α.	Type of waste			
В.	Lab pack			
Ar	And/or bulk (please describe container size)			
C.	Approximate quantity of waste/container size			
D.				
E.				
F.		Yes		
G.	. Any reactive wastes: (e.g. water reactive, pyropho	ric and explosive?)	Yes	No
H.	Any unknowns or unlabeled bottles?			
3. Lo	ocation of Waste			
S. LU A.		Yes	No	
Π.	Indoors or outdoors, describe location			
В.	5 (1)			
	If the work area is small, is there another location the waste can be moved to give more working room?			
C.				
D.	Are elevators available for our use?	Yes	No	
E.	Is there a loading dock?	Yes	No	
F.	Is there a forklift for our use?	Yes	No	
G.	In the area of the chemicals are the following available?			
	Light	Yes	No	
	Heat/Air Conditioning	Yes	No	
	Electricity	Yes	No	
	Running Water	Yes	No	
	Fume Hood	Yes	No	
H.	3		Yes	No
	If not, how far must we move equipment to the wo	rking area?		
d offered	d by:			Sales Representative
				Company
				Telephone