

Temple University
Environmental Health & Radiation Safety (EHRS)
Request for Analysis of Unknown Material

Instructions:

1. Complete one form for each container of unknown waste
2. Provide as much information as possible for unidentified chemical waste.
3. Requestor, Principal Investigator/Manager/Supervisor and the Department/Center Chair/Director must sign at the bottom of form prior to submitting to EHRS.
4. Submit form to EHRS by faxing to 2-1600 or via electronically to ehrs@temple.edu
5. Generator or generating department may pay a fee (\$) per bottle for the analysis of any unknown.
6. Contact EHRS at 2-2520 if you have any questions

Contact Information		
Requestor Name:	E-Mail:	
Phone #	Department:	
Principal Investigator(PI)/Manager/Supervisor Name:		
Location of Material		
Building:	Room:	
Comments (in hood, refrigerator, etc.):		
General		
	Yes	No
Have all personnel (including the PI/Manager/Supervisor) who use the lab/work space been questioned about this unknown container?	<input type="checkbox"/>	<input type="checkbox"/>
Have log books/notes been checked for information about this unknown container?	<input type="checkbox"/>	<input type="checkbox"/>
Were any field test conducted in an attempt to identify the unknown?	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Description & Container Information		
Describe the container (jar, glass, bottle, colored caps, etc.):		
Amount of material (lb, l, ml, gm, kg, etc.):		
Are there any markings on the containers (label, CAS#, formula, NFPA codes/Hazard symbols)? If yes, please describe:		
Color of waste:		
Condition of Container (check one): <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
Chemical is (check one): <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> Solid/Liquid Mixture		
If solid-The material is(check one): <input type="checkbox"/> Granular <input type="checkbox"/> Powder <input type="checkbox"/> Crystal <input type="checkbox"/> Chunks <input type="checkbox"/> Other		
If liquid, what is the pH (check one): <input type="checkbox"/> ≤ 2 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7 <input type="checkbox"/> 8-12.4 <input type="checkbox"/> ≥ 12.5 <input type="checkbox"/> N/A		
If liquid, is it phased (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Number of phases(layers)_____		

If liquid, what is the opacity (check one): Clear Translucent Opaque

If liquid, what is viscosity (check one): Thick(syrupy) Medium(oily) Low (watery)

Has the material ever been exposed to(check all that apply)

Temperature extremes Humidity refrigeration Air
 Water Other: _____

Do you have any idea (chemical family, class, etc..) what the material might be?
If yes, please describe

Any other information or comments relevant to this container:

I certify that the above information is correct and accurate. I understand that there are penalties under law for false certification of hazardous waste. I understand that I may be responsible for any cost associated with the analysis and identification of this unknown.

	Name	Signature	Date
Requestor/Contact			
PI/Supervisor/Manager			
Chair/Director			

EHRS Use Only

EHRS Control Number:

Sample Analysis Required: Yes No
In-House Yes No
Outside Lab Yes No

Note: Attach results of any analysis

Classification: Hazardous Non-Hazardous Other: _____

EPA Waste Codes: _____

Approved for Disposal Yes No

Remarks:

	Name	Signature	Date
Vendor			
EHRS			

