



CANADIAN MATERIAL PROFILE

Customer Number: _____

A. GENERATOR INFORMATION

Check if Billing Information is same as Generator Information

Generator Name _____ Billing Company _____
 Facility Address (No P.O. Box) _____ Billing Address _____

 City/County _____ City/County _____
 Province _____ Postal Code _____ Province _____ Postal Code _____
 Technical Contact _____ Billing Contact _____
 Phone _____ Fax _____ Phone _____ Fax _____
 Generator Location (If different from Facility Address) _____
 Provincial I.D. No. _____ Nature of Business _____

B. SHIPPING INFORMATION

TDGA Assistance Requested Check if BTL Transportation Services are requested

TDGA Shipping Name _____
 Primary Hazard Class _____ Subsidiary Hazard Class (If any) _____ ID # (UN / NA) _____ Packing Group (PG) _____
 RL (If applicable, list contaminant(s)) _____

Non-Bulk Shipping Containers				Bulk Shipping Containers		
Size	Steel	Poly	Fiber	Quantity & Frequency	Container Type	Quantity & Frequency
____ L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Super Sack	_____
____ L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Roll-off Bin <input type="checkbox"/> Dump Trailer	_____
____ L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Vacuum Tanker	_____
____ L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> Tank or <input type="checkbox"/> Vacuum Truck	_____
Other _____				Other _____		

C. GENERAL MATERIAL & REGULATORY INFORMATION

Name of Material _____
 Process Generating Material _____
 Odour: None Mild Strong; Describe _____

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Regulated or Licensed Radioactive Waste	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provincial Hazardous/Special Waste or Material
<input type="checkbox"/>	<input type="checkbox"/>	Regulated Infectious, Biological or Pathological Waste	<input type="checkbox"/>	<input type="checkbox"/>	Provincial Waste Class _____
<input type="checkbox"/>	<input type="checkbox"/>	Regulated PCB Waste (List any PCB level in Section D)	<input type="checkbox"/>	<input type="checkbox"/>	Exempt Waste; If Yes, list regulation & section below:
<input type="checkbox"/>	<input type="checkbox"/>	Regulated Ozone Depleting Substance	_____		
<input type="checkbox"/>	<input type="checkbox"/>	Regulated Designated Substance	_____		

D. MATERIAL COMPOSITION: List all DETECTABLE components by chemical name, including physical material, e.g., sorbent, debris.

1. Chemical /Physical Constituents:

Chemical Constituents & Composition	ppm	<input type="checkbox"/> wt %	Chemical Constituents & Composition	ppm	<input type="checkbox"/> wt %
		<input type="checkbox"/> vol %			<input type="checkbox"/> vol %

Section. D continues on the next page for Elemental Constituents

Range Total = 100 %

Note: Completion of Sections D.2 & F is optional for: **Analytical Profile**
 No. of Samples Submitted _____
 Completion of Sections D.2, E, & F is optional for: **Standard Industry Profile**

D. MATERIAL COMPOSITION (Continued)

2. Elemental Constituents *Check if this waste contains No Detectable Elements / Metals, unless listed below*

Check appropriate box: Total Analysis TCLP Method Ont. Reg. 347 Leachate Test TDGR Leachate Test, then enter data below.

Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm	Constituent	ppm
Aluminum	_____	Bromine	_____	Lead	_____	Phosphorous	_____	Thallium	_____
Antimony	_____	Cadmium	_____	Lithium	_____	Potassium	_____	Titanium	_____
Arsenic	<i>yes</i>	Chlorine	_____	Manganese	_____	Selenium	_____	Uranium	_____
Barium	_____	Chromium	_____	Mercury	_____	Silicon	_____	Vanadium	_____
Beryllium	_____	Iodine	_____	Molybdenum	_____	Silver	_____	Zinc	_____
Boron	_____	Fluorine	_____	Nickel	_____	Sulfur	_____		

E. REACTIVE CHARACTERISTICS *Check if this waste exhibits No Reactive Characteristics*

Yes No	Yes No	Yes No
<input type="checkbox"/> <input type="checkbox"/> Explosive	<input type="checkbox"/> <input type="checkbox"/> Oxidizer	<input type="checkbox"/> <input type="checkbox"/> Reactive Cyanide _____ ppm
<input type="checkbox"/> <input type="checkbox"/> Shock Sensitive	<input type="checkbox"/> <input type="checkbox"/> Water Reactive	<input type="checkbox"/> <input type="checkbox"/> Reactive Sulfide _____ ppm
<input type="checkbox"/> <input type="checkbox"/> Pyrophoric	<input type="checkbox"/> <input type="checkbox"/> Air Reactive	<input type="checkbox"/> <input type="checkbox"/> Polymerizable
<input type="checkbox"/> <input type="checkbox"/> Ignitable Solid	<input type="checkbox"/> <input type="checkbox"/> Other Incompatibles; Describe _____	

F. MATERIAL PHYSICAL CHARACTERISTICS @ 21°C

# of Phases _____	Colour _____	Flash Point _____ °C (if < 23°C)	pH <input type="checkbox"/> Liquids >20% H ₂ O or pH <input type="checkbox"/> Non-Aqueous
Liquid % _____	Specific Gravity _____	<input type="checkbox"/> 23 - < 37.8°C <input type="checkbox"/> 37.8 - < 61 °C	<input type="checkbox"/> < 2 pH <input type="checkbox"/> 2 - 4 pH <input type="checkbox"/> > 4 - 10 pH
Sludge % _____	Viscosity cps _____	<input type="checkbox"/> 61 - < 93.3°C <input type="checkbox"/> = 93.3°C	<input type="checkbox"/> > 10 - 12.5 pH <input type="checkbox"/> > 12.5 pH
Solid % _____	Density _____	Boiling Point (if < 55°C) _____	
Powder % _____	<input type="checkbox"/> g/ml <input type="checkbox"/> kg/m ³	Energy Value or Range _____	<input type="checkbox"/> MJ/kg <input type="checkbox"/> BTUs/lb
Gas % _____	Comments _____		

G. GENERATOR PROFILE CERTIFICATION

I hereby certify that I am an authorized agent of the generator, and warrant on behalf of the generator that the information supplied on this form and on any attachments or supplements hereto is complete and accurate, and that all known or suspected hazards of the material(s) described herein have been disclosed. I agree that if the sample test results indicate a discrepancy with any information supplied on this form, that either Buckham Transport Ltd or the generator may initiate further testing and evaluation in accordance with the terms and conditions of the contract between Buckham Transport Ltd and the generator and that this profile certification may be amended accordingly.

 Generator's Authorized Signature

 Name & Title (Printed or Typed)

____ / ____ / ____
 Date

Comments _____