

Profile #: _____

RECYCLEPAK® DENTAL FIXER WASTE PROFILE FORM

This form **MUST** be completed and faxed to Veolia at (920) 757-5485 prior to shipping this recycling container.
Failure to do so will result in violation of environmental regulations.

A. Generator Information

Name: _____
Site Address: _____
City, State, Zip: _____
Contact: _____
Phone: _____
EPA ID#: _____

B. General Information

Please check the following items as they apply to the SUPPLY-063 RecyclePak® Dental Fixer Recycling Kit

- Dental Fixer:** The RecyclePak® Dental Fixer Recycling Kit is designed to ship one (1) gallon or less of dental fixer waste. A Material Safety Data Sheet (MSDS) for the fixer is attached with this profile. Based on the MSDS information and generator's knowledge, the dental fixer waste contains silver in a concentration which exceeds the limits established in 40 CFR 261 when analyzed in accordance with the Toxicity Characteristics Leaching Procedure (TCLP). The bottle of dental fixer waste is sealed prior to being placed in the RecyclePak® pail.
- I agree to fax this completed form to Veolia at (920) 757-5485 prior to shipping this recycling container.**
DOT Description: Non-Regulated Spent Dental Fixer

Per 40 CFR 264.12(b), Veolia ES Technical Solutions, L.L.C. agrees to receive shipment of dental fixer waste, as described above, from the Generator

C. Generator Certifications

I certify that all information submitted in this form contains true and accurate descriptions of this waste. The dental fixer waste enclosed in the RECYCLEPAK® has been rendered non-infectious and does not contain infectious/regulated medical wastes. The dental waste in the RECYCLEPAK® is not radioactive. The Generator is a conditionally exempt (very) small quantity generator as defined by US EPA regulations 40 CFR 261.5. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed.

Generator Signature _____ Title _____
Print Name _____ Date _____

Veolia ES Technical Solutions, L.L.C.
W6490B Specialty Drive
Greenville, WI 54942
Phone: (888) 669-9725
Fax: (920) 757-5485

FAX COMPLETED FORM TO VEOLIA AT (920) 757-5485 PRIOR TO SHIPPING THIS RECYCLING CONTAINER

PROFILE FORM KEY TERMS

1. **Profile Header Information- Profile #:** To be assigned by Veolia, please leave blank
2. **Generator Information-** Enter the generator information in this section as it should appear on the Prepaid Return Shipping Label
3. **Waste Classification-** Select the description of the dental fixer waste being returned in the RecyclePak®. Attach a copy of the Material Safety Data Sheet (MSDS) for the fixer and fax to Veolia at (920) 757-5485
4. **Generator Classification-** The generator of the dental waste or a duly authorized representative of the owner must sign this section.

