**RETURN SHIPMENT AUTHORIZATION FORM**

### To authorize a return shipment, FAX COMPLETED FORM TO VEOLIA AT (920) 757-5485 or email completed form to [Pak.TS@veolia.com](mailto:Pak.TS@veolia.com). Veolia will process your request and return this form AUTHORIZED with a return-shipping label. PLACE THE AUTHORIZED FORM INSIDE RETURN SHIPPING BOX PRIOR TO SHIPPING THE CONTAINER. FAILURE TO DO SO MAY RESULT IN VIOLATION OF DEA REGULATIONS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Unique Container Number :** |  | **Sales Order #:** |  |
| **Ref #:** |  | **Supply Code:**  **(391-5 Gal), (392-2 Gal), (393-1 Gal)** |  |

**Supplier (Generator) Information**

**Enter the supplier (generator) information in this section as it should appear on the FedEx Ground return-shipping label.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Site Address:** |  | | |
| **City, State, Zip:** |  | | |
| **Contact:** |  | **Phone:** |  |
| **E-mail:** |  | | |
| **Supplier’s DEA**  **Registration No.:** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach a copy of your registration certification to this Form.** | | |

**Supplier Certifications**

**The supplier (generator) of the pharmaceutical waste must sign this section.**

I certify that I am the one (1) DEA registrant of the controlled substance drugs listed on the attached “DEA Controlled Substances for Destruction Inventory Form”. A complete “DEA Controlled Substances for Destruction Inventory Form” (Form), including a listing of all the DEA Schedule II-V drugs must be received prior to shipment of waste to Veolia. I certify the ReturnPak® Pharmaceutical Kit does not contain drugs from multiple DEA registrants that are located in the same office/practice. I certify I am currently knowledgeable of the hazardous waste regulations as they pertain to my business and certify that the contents of the described on the Form do not contain hazardous wastes as defined in 40 CFR 262.11 and applicable state regulations. I certify that the ReturnPak® Pharmaceutical Kit has been packaged in accordance with the terms and conditions and only contains those items listed as allowable material and the inclusion of items identified as non-conforming materials will be subject to surcharges and potential rejection of the material back to the generating site listed above. All items contained within the ReturnPak® Pharmaceuticals Kit meeting the definition of a hazardous material are packaged in containers meeting the requirements for the packaging of limited quantities as specified by the US DOT in 49 CFR 173. All information submitted in this contains true and accurate descriptions of this waste. All relevant information regarding known or suspected hazards in the possession of the supplier has been disclosed.

|  |  |
| --- | --- |
| **Supplier Signature:** | **Title:** |
| **Print Name:** | **Date:** |

|  |
| --- |
| **FAX THIS FORM TO VEOLIA AT (920) 757-5485 OR EMAIL TO PAK.TS@VEOLIA.COM. PLACE THE AUTHORIZED FORM INSIDE RETURN SHIPPING BOX PRIOR TO SHIPPING THIS CONTAINER. IF YOU HAVE QUESTIONS CALL 888-669-9725.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **RETURN AUTHORIZATION. VEOLIA INTERNAL USE ONLY. DO NOT WRITE IN THIS BOX.** | | | |
| **FedEx Tracking#:**  **<<FedEx Return Tracking # (ERD)>>** | | **Name and Address of Registrant (Purchaser):**  **Veolia ES Technical Solutions, L.L.C.**  **7665 Highway 73**  **Beaumont, TX 77705** | |
| **Return Shipment Request ID:** |  | **Date Processed:** |  |
| **Date Waste Received:** |  | **Received Weight:** |  |
| **DEA Form 222 No:** |  | | **Registrant’s DEA Number:**  **RV0495588** |
| **WIP #:** |  | | **Approval Code:** |



**Unique Container Number:**

**Ref #:**

**Sales Order #:**

**Supply Code (391-5 Gal), (392-2 Gal), (393-1 Gal):**

**WASTESTREAM INFORMATION PROFILE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ☐ **Recertification** | | | | |
| **Customer No.** | **Customer:** VEOLIA ES TECHNICAL SOLUTIONS, LLC | | | |
| **Invoice Address:** 215 SOUTH PARK STREET **City:** PORT WASHINGTON **State:** WI **Zip:** 53074 | | | | |
| **Billing Contact:** Customer Service **Telephone:** 888-669-9725 **E-mail:** pak.ts@veolia.com | | | | |
| **Generator No. Generator EPA ID No. Generator State No.** | | | | |
| 1. **Generator Name:** | | | | |
| **Address:** | | | **State Wastestream No.** | |
| **City: State: Country: Zip:** | | | | |
| **NAICS (SIC) CODE** **Source:** G11 **Origin:** 01 **Form:** W001  **System Type:** H040 | | | | |
| **2. Waste Name:**  DEA CONTROLLED RETURN PAK SCHEDULE II - V  **Lab or Waste Area:** | | | | |
| **3. Process Generating Waste:** UNUSED/EXPIRED MEDICATION/DEA MATERIAL SCHEDULE II - V | | | | |
| **4. Shipping Name:** | | | | |
| **Hazard Class: UN/NA No.: PG: RQ amt: lb** | | | | |
| **RQ Desc:** | 1. NA | | 2. | |
| **DOT Desc:** | 1. | | 2. | |
| **5. Waste Codes: Wastewater** ☐ **Non Wastewater** ☐ **Sub Category** | | | | |
| **6. Physical and chemical properties (check all that apply)** | | | | |
| **pH** | **Specific Gravity** | **Flast Point (F)** | **Solids** |  |
| a ☐ < 2  b ☐ 2 - 5  c **☑️** 5 - 9  d ☐ 9 - 12.5  e ☐ > 12.5  exact | a ☐ < .8  b ☐ .8 - 1.0  c **☑️** 1.0  d **☑️** 1.0 - 1.2  e **☑️** > 1.2  1 exact | a ☐ < 80  b **☑️** 80 - 100  c **☑️** 101 - 140  d **☑️** 141 - 200  e ☐ > 200  f ☐ no flash exact | % suspended  80 - 100 % settleable  % dissolved | NA % ash  NA water solubility  NA BTU/lb |
| Free Liquid Range 0 to 20 % | |
| **Physical State**  s **☑️** solid  m ☐ semi-solid  l **☑️** liquid  p ☐ pumpable semi-solid  f ☐ flowable powder  g ☐ gas  a ☐ aerosol  r ☐ pressurized liquid  d ☐ debris per 40 CFR 268.45  h ☐ sharps | **Hazardous Characteristics**  a ☐ air reactive r ☐ radioactive or NRC regulated  w ☐ water reactive s ☐ shock sensitive  c ☐ cyanide reactive t ☐ temp sensitive  f ☐ sulfide reactive m ☐ polymerization/monomer  e ☐ explosive n ☐ OSHA carcinogen  o ☐ oxidizing acid i ☐ infectious  p ☐ peroxide former h ☐ inhalation hazard Zone: | | | **Odor**  a none **☑️**  b mild ☐  c strong ☐  describe  **Halogens**  Br %Bromine  Cl %Chlorine  F %Fluorine  I %Iodine |
| **Layers:** | **a ☐ multilayered:** | **b ☑️ bi-layered:** | **c ☐ single phase** | **Color:** Varies |
| **Viscosity by Layer:** | **Top Layer** | **Second Layer** | **Bottom Layer** |  |
| ☐ high (syrup)  ☐ medium (oil)  **☑️** low (water)  ☐ solid | ☐ high (syrup)  ☐ medium (oil)  ☐ low (water)  **☑️** solid | ☐ high (syrup)  ☐ medium (oil)  ☐ low (water)  ☐ solid |  |
| **Used oil y/n** N HOC<1000 ppm ☐ or > 1000 ppm ☐ | | | | |

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**7. Chemical Composition**  [**M** = Marine Pollutant, **S** - Severe Marine Pollutant, **O** = Ozone Depleting Substance, **U** = Underlying Hazardous Constituent, **B** = Benzene NESHAP, **T** = TRI Chemical, **C = OSHA** Carcinogen]

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Constituents** | **Range** | **Units** |  | **Constituents** | **Range** | **Units** |
|  | DEA CONTROLLED RETURNPAK SCHEDULE II - V | 100 | % |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Total Composition Must Equal or Exceed 100%

Other:

8. Is the wastestream being imported into the USA? Yes ⬜ No **☑️**

9. Does the wastestream contain PCBs regulated by 40CFR? Yes ⬜ No **☑️**

PCB concentration\_\_\_\_\_\_\_ppm

10. Is the wastestream subject to the Marine Pollutant Regulations? Yes ⬜ No **☑️**

11. Is the wastestream from an industry regulated under Benzene NESHAP? Yes ⬜ No **☑️**

If yes, is the wastestream subject to Notification and Control Requirements? Yes ⬜ No **☑️**

Benzene concentration\_\_\_\_\_\_ppm

Does it contain >=10% water? Yes ⬜ No **☑️**

What is the TAB at your facility? \_\_\_\_ Mg/Yr

12. Is the wastestream subject to RCRA subpart CC controls? Yes ⬜ No **☑️**

Volatile organic concentration, if known\_\_\_\_\_\_\_\_\_ppmw

CC approved analytical method ⬜ Generator Knowledge ⬜

13. Is the wastestream from a CERCLA or state mandated cleanup? Yes ⬜ No **☑️**

14. **Container Information** (Identify UN container marking if known)

**Packaging Bulk Solid** ⬜ Type/Size:\_\_\_\_ **Bulk Liquid** ⬜ Type/Size:\_\_\_\_ **Drum** **☑️ T**ype/Size: **1,2 and 5 GALLON POLY**

**Other**\_\_\_\_\_

**Shipping Frequency:**  Units\_\_\_\_\_\_ Per Month ⬜ Quarter ⬜ Year ⬜ One Time ⬜ Other\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

15. **Additional Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Is analytical or an SDS available that describes the waste? Yes ⬜ No **☑️**  Other\_\_\_\_\_\_\_\_\_\_

**16. Product Reclaim**

Does Generator want material back (TOLL)? Yes ⬜ No **☑️**

|  |  |  |
| --- | --- | --- |
| **Chemical Component Description** | **Range** | **Units** |
|  |  |  |
|  |  |  |

APHA Color Other

Is the waste Grain ⬜ or Synthetic ⬜ Ethanol? SDA Formula:\_\_\_\_\_\_\_\_\_\_\_\_\_

Have TTB taxes been paid on the container ethanol and eligible for rebate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Provided By: ⬜ Veolia ⬜ Generator ⬜ Other

Return in: ⬜ Bulk ( ⬜ T/T ⬜ T/C ⬜ ISO) ⬜ Drums ⬜ Other

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**Describe the application for the solvent:**

**Additional Information:**

**GENERATOR CERTIFICATION**

I hereby certify that all information submitted in this and all attached documents contains true and accurate descriptions

of this waste. Any sample submitted is representative as defined in 40 CFR 261 - Appendix I or by using an equivalent method. All relevant information regarding known or suspected hazards in the possession of the generator has been disclosed. I authorize sampling of any waste shipment for purposes of recertification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME (PRINT OR TYPE)** **PHONE** **DATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE** **TITLE**

**FACILITY NOTIFICATION**

If approved for management, Veolia ES has all the necessary permits and licenses for the waste that has been characterized and identified by this profile.

|  |
| --- |
| **TSDF PROCESSING USE ONLY:** **PPE REQUIRED** No\_\_\_\_ Yes\_\_\_\_\_ Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**VEOLIA ENVIRONMENTAL SERVICES**

**WIP INSTRUCTIONS**

Veolia ES requires completion of all sections of the Wastestream Information Profile (WIP). Sections not applicable to the wastestream must have N/A written in the space provided.

Documented WIP information is used to comply with TSDF Waste Analysis Plans, RCRA and DOT regulations, Emergency Planning and Community Right-to-Know Act (EPCRA), Pollution Prevention Act, Toxic Release Inventory Report and other regulatory and generator requirements.

**MARINE POLLUTANT**

· The wastestream is subject to the Marine Pollutant Regulations if:

1. it is a bulk (>119 gallons) packaging with Marine Pollutant concentration > 10% or Severe Marine Pollutant concentration > 1%

or

2. it is non-bulk Marine Pollutant shipped by vessel (boat) in packages larger than 5 liters (liquid) or 5 kg (solid)

or

3. it is a non-bulk Severe Marine Pollutant, shipped by vessel (boat) in packages larger than 0.5 liters (liquid) or 0.5 kg (solid).

Refer to the list of Marine Pollutants.

**OZONE DEPLETING SUBSTANCE (ODS)**

Refer to the list of Ozone Depleting Substances.

**UNDERLYING HAZARDOUS CONSTITUENT (UHC)**

Refer to the list of Underlying Hazardous Constituents (40 CFR 268.48)

**BENZENE NESHAP**

· The wastestream is subject to Benzene NESHAP notification and control requirements if it:

**1.** contains > 10 ppm benzene, **and**

**2.** is generated by a chemical manufacturing plant, petroleum refinery or coke by-product recovery plant, **and**

3. the generator’s Total Annual Benzene (TAB) is > 10 Mg/yr

**TRI CHEMICAL**

· The wastestream is subject to Toxic Release Inventory Reporting if it contains a Section 313 Toxic Chemical and meets Qualifier requirements.

**OSHA CARCINOGEN**

· OSHA promulgated standards in 1974 to regulate the industrial use of 13 chemicals identified as occupational carcinogens. Exposures are to be controlled through the required use of engineering controls, work practices, and personal protective equipment, including respirators.

See 29 CFR 1910.1003-1910.1016 for specific details.

**RCRA SUB-PART CC CONTROLS**

· Subpart CC Air Emission Control requirements apply to large quantity hazardous waste generators and to treatment, storage, and disposal facilities.

· Waste in containers greater than 0.1 cubic meters (i.e., 26.4 gallons) with greater than 500 ppm volatile organics are subject to this rule., unless otherwise exempted. Allowable controls include DOT approved containers, containers with an adequate cover and closure devices, and containers which operate with no detectable emissions (less than 500 ppm).

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