# Waste Determination Documentation Form

Facility Name: _____

Waste Name: _____

Description of Process: _____

Pounds of waste generated each month: _____

Does this waste meet the definition of a solid waste? Yes No

Is this waste exempt from the definition of solid waste or hazardous waste? Yes No

Was laboratory analysis used to make this determination? Yes No

If yes, record the name and KDHE certificate number for the laboratory: _____
If yes, **attach** a copy of the analytical results to this sheet.

Was knowledge of the process used to make this determination? Yes No

If yes, list the name and date of each document (MSDS, process flow diagrams, etc.) reviewed and/or **attach** them to this sheet:

_____

_____

_____

_____

_____

Is this waste non-hazardous? Yes No

Is this waste a listed hazardous waste? Yes No
If yes, list waste codes: _____

Is this waste a characteristic hazardous waste? Yes No
If yes, list waste codes: _____

List the name and title of the person making this determination: _____

Date of this determination: _____