

**GENERATOR INFORMATION**

Company name	_____	Contact	_____
Address	_____	Title	_____
City	_____	Phone	_____
Province	_____	Fax	_____
Postal Code	_____	E-mail	_____
Customer number	_____	Salesman	_____

**TECHNICAL ELEMENTS**

Product name	_____	Safety data sheet	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Chemical name	_____	If so, transcribe SHIPPING INFORMATION, if not, please		
Generator process	_____	Complete the following section		
		Other analysis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		If so, please complete the following section and transcribe SHIPPING INFORMATION		

**PHYSICAL/CHEMICAL CHARACTERISTICS**

Colour	_____	Odour	_____
Chemical product	Organic <input type="checkbox"/> Inorganic <input type="checkbox"/>	Note:	_____
Reactive	Yes <input type="checkbox"/> No <input type="checkbox"/>		_____
Combustible	Yes <input type="checkbox"/> No <input type="checkbox"/>		_____
Physical state	Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Sludge <input type="checkbox"/> Powder <input type="checkbox"/> other: _____		_____
Turbidity	Clear <input type="checkbox"/> Turbid <input type="checkbox"/> Opaque <input type="checkbox"/>		_____
Viscosity	Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>		_____
Foaming agent	No <input type="checkbox"/> Weak <input type="checkbox"/> Strong <input type="checkbox"/>		_____
Number of layers	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More <input type="checkbox"/>		_____
	_____ % _____ % _____ % _____ %		_____
Density	_____		_____
Flash point (°C)	_____	Method	SDS <input type="checkbox"/> Closed-cup <input type="checkbox"/> Open-cup <input type="checkbox"/>
			≤23°C    24-37°C    37-60°C    51-92°C    93°C
pH	_____	Halogenated	_____
Presence of	BPC Yes <input type="checkbox"/> Tested No <input type="checkbox"/>	Pesticide <input type="checkbox"/>	Herbicide <input type="checkbox"/> Biohazardous <input type="checkbox"/> Other _____
		Heat of combustion (BTU)	_____

**SHIPPING INFORMATION**

Regulated material as per TDG	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Code UN _____	Shipping name	_____
Class _____	Secondary class	_____
	Packing group	_____
Code MDDELCC as per Annexe 4 _____	Special Provision _____	Code HWIN _____
	RTMD Annexe 1 Col. 5	Ontario

**STATEMENT OF GENERATOR**

I declare that the information described above is complete and accurate with the proper shipping name and it is properly classified, packaged and equipped with safety marks - dangerous goods and in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.

Name	_____	Signature	_____	Date	YY / MM / DD
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