

# WASTE PROFILE SHEET for Belize Solid Waste Management Authority



Belize Solid Waste Management Authority  
Ministry of Natural Resources, Petroleum & Mining



A. Generator Information:		B. INVOICE TO (IF DIFFERENT THAN GENERATOR)	
Generator/Company Name:	Billing Name:		
Contact Person:	Contact Person:		
Mail Address:	Address:		
City/Village	City/Village		
District:	Customer Phone:		
Phone number:	Customer Fax:		
Email address	Email address:		

  

C. COMMON NAME OF WASTE:	MSDS / Analytical (Y/ N )	SAMPLE
Process generating of waste:		
Transfer Method to the Landfill: Drum (size) (type): Bulk: Quantity: monthly. <input type="checkbox"/> Quarterly <input type="checkbox"/> Year <input type="checkbox"/>		
C. Physical Properties:		
Type of waste:		
Origin of Waste:		
Generation process:		
Physical state of Garbage: Liquid <input type="checkbox"/> Sludge <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Solid <input type="checkbox"/> Powder <input type="checkbox"/>		
Color appearance:		
Odor: none <input type="checkbox"/> Medium <input type="checkbox"/> Strong <input type="checkbox"/> If strong describe:		
Viscosity: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> Pumpable at 70°F Yes <input type="checkbox"/> No <input type="checkbox"/>		
Layers: Single <input type="checkbox"/> Bi-layered <input type="checkbox"/> Multi-layered <input type="checkbox"/>		
Total Halogens (%) IF known:		
Liquids (%)	Solids (%)	Sludge (%) Powder (%) Debris: Specific Gravity:
pH: < 2.0 <input type="checkbox"/> 2.1-4.0 <input type="checkbox"/> 4.1-10 <input type="checkbox"/> 10.1-12.4 <input type="checkbox"/> >12.5 <input type="checkbox"/> NA Solids <input type="checkbox"/>		
Does this material exhibit any hazardous characteristics or has it been mixed with any hazardous waste Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes please explain type of suspect hazardous waste that the waste was mixed?		
Information based on: Generator/Company knowledge <input type="checkbox"/> MSDS <input type="checkbox"/> Analytical data <input type="checkbox"/>		

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D. Waste Composition (list all hazardous & non-hazardous components)				E. Sample submitted with profile Yes <input type="checkbox"/> No <input type="checkbox"/>	
		-		%	<b>Sample types:</b> Leachate <input type="checkbox"/>
		-		%	Used oil <input type="checkbox"/> Hazardous <input type="checkbox"/>
		-		%	Oily wastewater <input type="checkbox"/> Sludge <input type="checkbox"/>
		-		%	Contraband Goods <input type="checkbox"/> Construction & Demolition <input type="checkbox"/>
		-		%	Expired Good <input type="checkbox"/> Green Waste <input type="checkbox"/>
		-		%	Bulky Waste <input type="checkbox"/> Other <input type="checkbox"/>

E. Hazardous Properties:			
None <input type="checkbox"/>	Water Reactive <input type="checkbox"/>	PCB's <input type="checkbox"/>	Phenols <input type="checkbox"/>
Dioxins <input type="checkbox"/>	Benzene Neshap <input type="checkbox"/>	Air Sensitive <input type="checkbox"/>	Pyrophoric <input type="checkbox"/>
Explosive <input type="checkbox"/>	Etiological <input type="checkbox"/>	Polymerizable <input type="checkbox"/>	Pathogen <input type="checkbox"/>
Biological <input type="checkbox"/>	Pesticide/Herbicide/Insecticide <input type="checkbox"/>		
Special Handling/Compatibility Concerns:			
Cyanides <input type="checkbox"/> Sulfides <input type="checkbox"/>			
Other <input type="checkbox"/>			
Is this material a Hazardous Waste under the Hazardous ACT <input type="checkbox"/> Yes <input type="checkbox"/> No			

F. Expected volumes per load (Metric Tons please specify below)	E. Packaging and Frequency	
	<b>Packaging</b>	<b>Frequency</b>
	Drums Liquid <input type="checkbox"/>	Daily <input type="checkbox"/>
	Drums Solids <input type="checkbox"/>	Weekly <input type="checkbox"/>
	Containers <input type="checkbox"/>	Monthly <input type="checkbox"/>
	Bulky Liquids <input type="checkbox"/>	Quarterly <input type="checkbox"/>
	Bulky Solids <input type="checkbox"/>	Semi-annually <input type="checkbox"/>
	Others <input type="checkbox"/>	One-time <input type="checkbox"/>

H. Generator Certification:	
I hereby certify that the above and attached description is complete and accurate to the best of my knowledge and ability. No deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed. I also certify that the obtained sample is representative of the waste material described above and give this Belize Solid Waste Management Authority permission and consent to make amendment and corrections.	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

G. Received by landfill manager	
Comments from landfill manager	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>

I. Inspected and certified by BSWaMA Personnel	
Comments from Technician	
<b>Name:</b>	<b>Title:</b>
<b>Signature:</b>	<b>Date:</b>