|  |  |  |
| --- | --- | --- |
|  SEVENTH SCHEDULE (Regulation 13)  INFORMATION |  |  |
|   |
| **A.** | **PROPERTIES** |
| 1.0 Category of Waste | : |  |
|  |  |  |
| 2.0 Origin of Waste | : |  |
| Appearance of Waste | : |  |
|  |  |  |
| 3.0 Physical Properties of Waste  |
|  |
|  | * 1. 3.1 Flash point
 | :  |
|  | 3.2 Boiling point | :  |
|  | 3.3 Consistency at room temperature  (gas, liquid, sludge, solid) | :  |
|  | 3.4 Vapours lighter/heavier than air | :  |
|  | 3.5 Solubility in water at room temperature | :  |
|  | 3.6 Waste lighter/heavier than water | :  |
|  |
| 4.0 Risks:  |
|  |
|  | 4.1 By inhalation | : |  |
|  | 4.2 By oral intake | : |  |
|  | 4.3 By dermal contact | : |  |
| **B.** | **HANDLING OF WASTE**  |
| 1.0 Personal Protective Equipment | : |  |
|  |  |  |  |
|  | 1.1 Gloves | : |  |
|  | 1.2 Mask | : |  |
|  | 1.3 Respirator | : |  |
|  | 1.4 Goggles | : |  |
|  | 1.5 Shoes | : |  |
|  | 1.6 Face Shield | : |  |
|  | 1.7 Others | : |  |
|  |  |  |  |
| 2.0 Procedures/Precautions in Handling, Packaging, Transporting and Storage  |
|  |
|  | 2.1 Handling | : |  |
|  | 2.2 Packaging | : |  |
|  | 2.3 Transporting | : |  |
|  | 2.4 Storage | : |  |
|  |  |  |  |
| 3.0 Appropriate Label |
|  |
|  | 3.1 Labels for  Container | : | Third Schedule (Regulation 10):  |
|  |  |  |  |
| 4.0 Recommended Method of Disposal | : |  |
| **C.** | **PRECAUTIONS IN CASE OF SPILL OR ACCIDENTAL DISCHARGE CAUSING PERSONAL INJURY** |
| 1.0 In Case of Inhalation of Fumes or Oral Intake  |
|  |
|  | 1.1 Symptoms of intoxication | :  |  |
|  | 1.2 Appropriate first aid | : |  |
|  | 1.3 Guidelines for physician | : |  |
|  |  |  |  |
| 2.0 In Case of Dermal Contact or Contact with Eyes  |
|  |
|  | 2.1 Symptoms of intoxication | : |  |
|  | 2.2 Appropriate first aid | : |  |
|  | 2.3 Guidelines for physician | : |  |
| **D.** | **STEPS TO BE TAKEN IN CASE OF SPILL OR ACCIDENTAL DISCHARGE CAUSING MATERIAL DAMAGE ARISING FROM** |
|  |
| 1. Spill on Floor, Soil, Road etc **:**
 |  |
|  |
| 2.0 Spill into Water : |  |
|  |
| 3.0 Fire : |  |
|  |
| 4.0 Explosion : |  |
|  |
|  |
| Note:  | 1. |  |
|  | 2. |  |
| **PREPARED BY** | **:** | ………………………… | **REVIEWED & APPROVED BY** | **:** | ………………………….. |
| **NAME** | **:** |  | **NAME** | **:** |  |
| **DESIGNATION** | **:** |  | **DESIGNATED** | **:** |  |
| **DATE PREPARED** | **:** |  | **DATE REVIEW** | **:** |  |
|  **REVISION NO.**  | **:** | - | **DATE REVISED** | **:** | - |
| (The information provided in this form may change due to variations of the sample matrix received and the processes of generating the SW wastes) |
| **TO BE FILLED BY TRANSPORTER.** | **TO BE FILLED BY WASTE GENERATOR’S STAFF.** |
| CONTRACTOR | : | ………………………………………….SIGNATURE OF DRIVER | ..........................................................CONFIRMED BY |
| RECEIVED DATE/TIME | : |
| DRIVER'S NAME | : |
| NRIC | : |
| LORRY/TRUCK REG. NO  | : |