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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | : | | | | | | | | |