



Peroxidizable Compounds Evaluation Form

Generator: _____ Address: _____

Contact Name: _____ Technical Contact: _____

Generator Phone Number _____ Today's date: _____

Chemical Name: _____ Virgin or Spent Material: _____

Is the material inhibited*: **YES** **NO** If so with what: _____ % _____

**An inhibitor is a chemical that would be added to the peroxide forming compound to help prevent the formation of peroxides.*

Is there any evidence of crystallization, cloudiness, wisp like structures, ice like structures, or any solid masses (please describe). _____

Container Information:

*Fill in all of the sections below. If there is no information listed for a question write the word "NONE"

Manufacturer: _____ Lot Number: _____ Catalog Number: _____

Did the Generator verify that the material has NEVER been opened: **YES** **NO**

Expiration date of the material: _____ Date the material was last opened: _____

Size of the container: _____ Volume remaining in the container: _____

Container type (metal, glass, plastic): _____ Cap type (metal, plastic, glass, lead, cork): _____

Condition of the container (rusted, bulging, dented, visible holes): _____

Storage Conditions:

Was the chemical subject to direct sunlight? **YES** **NO**

Has the chemical been subject to fluctuations in temperature and humidity (outdoor storage, fire)? Please explain: _____

Background information:

Chemist Name (print): _____ Chemist Signature: _____ Date: _____

Approved by Name (print): _____ Signature: _____ Date: _____