



Work Order #	
Reviewed by:	
Date:	
Approval #:	

### Picric Acid (Trinitrophenol) Evaluation Form

Generator Name:	Generator Code:
Generator Address:	Contact Name:
Generator Phone:	Contact Phone:

**Important!** Upon discovering an item requiring evaluation, do not remove it from the storage location. Only handle the container if necessary to gain access to the labeling information. You should make every attempt not to handle the container(s). If you need to handle the container to gain information, do so with extreme care.

Virgin/ Sealed Material?	Yes _____	No _____	or Spent?	Yes _____	No _____
Has the container ever been opened?	Yes _____	No _____	If Yes, enter the date opened: _____		
Is the material Dry?	_____	Or in Solution?	_____		
List All constituent(s) and their percentages:					
1.	Picric Acid	_____ %	2.	_____	_____ %
3.	_____	_____ %	4.	_____	_____ %
5.	_____	_____ %	6.	_____	_____ %

*Picric acid may not be mixed with metals, metal salts, speedi-dri, vermiculite, ammonia, lime, basic/ caustic materials, concrete or plaster. Reference manufacturers MSDS for complete list of incompatibilities.*

Is there any evidence of crystallization, cloudiness, wisp-like structures, discoloration, solid mass or any other indication of contamination?	Yes _____	No _____	If yes describe: _____
If in a clear container, what is the color of the material?	_____		
Has the container been under pressure, bulging, etc..? (confirm with customer)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
When was the container last opened?	_____		

**Container Information**

Is the product in the original manufacturer's container?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Manufacturer:	_____	Purchase Date:	_____
Lot Number:	_____	Expiration Date:	_____
Container Size:	_____	Volume/ Weight remaining in container:	_____
Container type	Glass <input type="checkbox"/>	Plastic <input type="checkbox"/>	Metal <input type="checkbox"/>
Cap Type:	Glass <input type="checkbox"/>	Plastic <input type="checkbox"/>	Metal <input type="checkbox"/>
Condition:	Rusted <input type="checkbox"/>	Bulging <input type="checkbox"/>	Dented <input type="checkbox"/>
			Cork <input type="checkbox"/>
			Other <input type="checkbox"/>

**Storage Conditions** (confirm with customer)

Was the material...			
Stored on metal, concrete or plastic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Spilled on metal, concrete or plastic?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
Spilled and placed back in container?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
In contact with vermiculite?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
In contact with Speedy-dri?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>
In contact with a spatula or scoop which may have been contaminated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>

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