CHEMICAL/HAZARDOUS WASTE FOR DISPOSAL

Generator:	Date:				
Bldg:	Room #:				
Telephone number:					
Circle the appropriate waste stream for this container.					
Acid	Aqueous Reagent				
Solvent	Other:				
<u>CHEMICAL</u>		VOLUME/AMOUNT			
CHECK ALL THAT APPLY					
Flammable					
Oxidizer _	Reactive	Carcinogen			
Liquid _	Solid	Liquid/Solid Mix			
I certify that the above information is correct.					
I understand that there are penalties for false					
certification of hazardous waste.					
Date collected from the lab:					
Date moved to the accumulation area:					

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Solvent	Oth	Other:			
CHEMICAL		<u>vo</u>	LUME/AMOUNT		
CHECK ALL THAT APPLY					
Flammable					
	Reactive Solid		Carcinogen Liquid/Solid Mix		
I certify that the above information is correct. I understand that there are penalties for false					
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Date collected from the lab:					
Date moved to the accumulation area:					