

This form must be completed for each waste container and hand it over To MAINSTORE Staff

<p><b>Host Unit:</b> _____</p> <p><b>Lab Number:</b> _____</p> <p><b>Type of lab, generating waste:</b> <u>Research</u> <input type="checkbox"/> <u>Teaching</u> <input type="checkbox"/> <u>Service</u> <input type="checkbox"/></p> <p><b>Description of Waste:</b></p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p><b>Type of Chemical:</b> Organic <input type="checkbox"/> Inorganic <input type="checkbox"/> Oil <input type="checkbox"/> Mixture <input type="checkbox"/> Not Known <input type="checkbox"/></p> <p><b>Analysis:</b> Peroxides <input type="checkbox"/> Halogens <input type="checkbox"/> Aromatics <input type="checkbox"/> Cyanides <input type="checkbox"/> pH -----</p> <p>***If mixture, proportions (approx): Organic _____%, Inorganic _____%, Oil _____%, Other _____%</p> <p>Quantity approximately _____ Liter(s)</p> <p><b>Date the material was discarded:</b></p> <p>_____</p> <p><b>Nature of Hazard:</b> Toxic <input type="checkbox"/> Flammable <input type="checkbox"/> Explosive <input type="checkbox"/> Corrosive <input type="checkbox"/> Unknown <input type="checkbox"/></p> <p><i>Precautions Recommended:</i></p> <p>_____</p> <p>_____</p> <p><b>Type/Capacity of the container:</b> Glass <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> _____ Liters</p> <p><b>Submitter:</b> Name _____ Signature: _____ Date: _____ Telephone: _____</p>
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This form has to be pasted (OUTSIDE) on the waste chemical container

**CONTAINER LABEL**

*Host Unit:* \_\_\_\_\_

*College Division:* \_\_\_\_\_

*Lab:* \_\_\_\_\_

*Nature of Material* \_\_\_\_\_

*Date Collected* \_\_\_\_\_

*Date Submitted* \_\_\_\_\_

*Analyses:* Peroxides      Halogens  
Organic   Aqueous   Acidic   Basic

*Hazards:* Flammable

Carcinogenic Explosive   Corrosive

Poison   Toxic