

CHEMICAL/HAZARDOUS WASTE
CHEMICAL NAMES (no abbreviations)
APPROX. %'s (if mixture)

Laboratory Supervisor: _____

Bldg., Room # _____

Date when full: _____

Chemical Names (use back of tag if needed)

Move to Central Stockroom within 3 days of full date.

Central Stockroom Use Only:

Date Placed in Stockroom: _____

Instructions: Fill in information, cut and tape onto waste container.
(Please do not tape over Stockroom date area)