



Empty Chemical Container Waste Form

(This does not replace the waste form)

Principle Investigator: _____ Date (MM/DD/YY) _____

Contact Person: _____ Ext.: _____ Building: _____

Department: _____ Room #: _____

Number of Containers	Chemical Name	Nominal Volume/Mass on Container

This form can be either handed in directly to MCE 304 (Science Stores)
Or emailed to sciencestores@brocku.ca