Faculty of Math & Science - Science Stores
MacKenzie Chown Building Room E304
Ph (905) 688-5550 ext.3407 Fx (905) 984-4864

Chemical Waste Disposal Record

Researcher _____ Date - *(MM/DD/YY)* _____

Technician/Contact _____

Department _____ Ext. _____ Building _____

Room# _____

Do not use abbreviations or short forms

Waste Label #	Oxidizer Corrosive-pH	% and Chemical Name - Include Water	Physical Form	Volume of Container

Waste containers may not be overfilled, overflowing or otherwise unsafe. Mark below to indicate compliance.

☐ This waste container is not overflowing

☐ This waste container is not overfilled

I certify that the above information is correct and complete. I hereby declare that the contents are fully and accurately described above and are in all respects in proper condition for waste disposal.

Signature: _____

Type in your full name

Fax to Science Stores at 905 984 4864 or email at sciencestores@brocku.ca or deliver in person in MC E304 **before** Tuesday at 3:00 pm.