



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.

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