

Waste Profile Form

I. Generator Knowledge

Source of Material: (Place "X" in front of all that apply.)

Lab Clean Out Lab Waste Reagent Unknown
 Other

Physical Description: (Place "X" in front of all that apply.)

Solid Liquid Gas

(Provide description)

Color _____
 Odor _____
 Quantity _____
 Size of Container _____
 Unknown _____

II. Contents and Quantity: (Provide description of contents/quantity, use back if more room is needed.)

Please provide list of all chemicals in container. All waste containers must be kept in a closed container.

III. Responsible Party Information

Laboratory Supervisor:			
Contact Name (If Different than above):			
Contact Telephone Number:		Building/Room Number:	
Signature:		Date:	

IV. Pick-up Information

Please provide location of chemical waste. (i.e. CBEC1104 fume hood, labeled with contents and #1, etc.)

Location information –
