

**CHEMICAL WASTE DISPOSAL FORM**

**Name of Host Unit:** \_\_\_\_\_

**Lab Number:** \_\_\_\_\_

**Description of Waste:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If mixture, proportions (approx.) :

Organic \_\_\_\_\_%, Inorganic \_\_\_\_\_%, Oil \_\_\_\_\_%, Other \_\_\_\_\_%

**Quantity** \_\_\_\_\_ Liters/Kg

**Nature of Hazard:** Toxic  Flammable  Explosive  Corrosive  Unknown

**Type of the container:**

Glass  Metal  Plastic  Others

**Submitter:**

Name \_\_\_\_\_ Tel: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments by Safety Coordinator of host unit:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Tel: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_