|  |  |
| --- | --- |
| **SECTION 1: REQUESTER INFORMATION** | |
| NAME & STAFF ID |  |
| DEPARTMENT/SCHOOL |  |
| DATE |  |

|  |  |  |
| --- | --- | --- |
| **SECTION 2: WASTE INFORMATION** | | |
| DATE OF COLLECTION |  | |
| CHEMICAL NAME |  | |
| LOCATION OF WASTE |  | |
| TYPE OF WASTE  *(Please tick ✓)* | 1. Solid |  |
| 1. Liquid |  |
| 1. Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 3: HAZARD CLASSIFICATION** | | | | |
| CHARACTERISTICS  *(Please tick ✓)* | 1. Flammable |  | 1. Toxic |  |
| 1. Corrosive |  | 1. Infectious |  |
| 1. Reactive |  | 1. Other |  |
| Safety Precautions Required |  | | | |

|  |  |  |  |
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| **SECTION 5: AUTHORIZATION** | | | |
| VERIFIED BY LAB COORDINATOR | SIGN: | NAME: | DATE: |
| RECEIVED BY MAINTENANCE OFFICER | SIGN: | NAME: | DATE: |