

# Waste Container Inventory Form - HAZARDOUS WASTE

Accumulation Start Date:

## CONTAINER FOR ORGANIC HALOGENATED WASTE SOLVENTS

No Acids

No Oxidizers

No Bases

No Heavy Metals

No Solids

PLEASE ENTER THE AMOUNT OF ALL SOLVENTS AND SOLUBLE ORGANIC COMPOUNDS ACCORDING TO THE LIST BELOW. IF THE SOLVENT OR MIXTURE IS NOT SPECIFICALLY LISTED BELOW, PLEASE RECORD IT TO THE LIST ALONG WITH AMOUNT ADDED. ALL WASTE ADDED MUST BE COMPATIBLE WITH OTHER WASTES IN THE CONTAINER AS WELL AS THE CONTAINER ITSELF. THIS CONTAINER IS TO BE USED ONLY FOR HALOGENATED SOLVENTS AND HALOGENATED SOLVENT MIXTURES ONLY.

CHEMICAL

AMOUNT (Liters, Milliliters, Gallons)

Chloroform

\_\_\_\_\_

Methylene Chloride

\_\_\_\_\_

Carbon Tetrachloride

\_\_\_\_\_

Trichloroethylene

\_\_\_\_\_

Other

\_\_\_\_\_ (IUPAC Name)

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

Other

\_\_\_\_\_

\_\_\_\_\_

**WHEN CONTAINER IS FULL, COMPLETE A HAZARDOUS MATERIAL "BLUE TAG" AND INVENTORY. FAX INVENTORY TO 369-5706 FOR PICKUP.** PLEASE IDENTIFY ALL CHEMICAL CONSTITUENTS AND THEIR RESPECTIVE CONCENTRATIONS ON THIS AND OTHER WASTE CONTAINERS. WASTE MUST BE PROPERLY IDENTIFIED IN ORDER TO BE PICKED UP. AT NO TIME SHOULD HAZARDOUS WASTES BE DISCARDED BY SINK, TRASH OR DUMPSTERS.

# Waste Container Inventory Form - HAZARDOUS WASTE

Accumulation Start Date:

## CONTAINER FOR NON-HALOGENATED WASTE SOLVENTS

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No Corrosives    No Oxidizers    No Heavy Metals    No Halogens    No Solids

PLEASE ENTER THE AMOUNT OF ALL SOLVENTS AND SOLUBLE ORGANIC COMPOUNDS ACCORDING TO THE LIST BELOW. IF THE SOLVENT OR SOLUTION TO BE ADDED ARE NOT LISTED, PLEASE ADD IT TO THE LIST ALONG WITH ITS VOLUME. THE WASTE ADDED MUST BE COMPATIBLE WITH THE CONTAINER AND OTHER WASTES IN THE CONTAINER.

CHEMICAL	VOLUME (milliliters, liters, gallons, etc.)
Acetone	_____
Acetonitrile	_____
Benzene	_____
Dimethylformamide	_____
Ethanol	_____
Ether	_____
Ethyl Acetate	_____
Hexanes	_____
Isopropanol	_____
Methanol	_____
Pyridine	_____
Tetrahydrofuran	_____
Toluene	_____
Water	_____
Xylenes	_____
Other _____ (IUPAC Name)	
Other _____ (IUPAC Name)	

**WHEN CONTAINER IS FULL, COMPLETE A HAZARDOUS MATERIAL "BLUE TAG" AND INVENTORY. FAX INVENTORY TO 369-5706 FOR PICKUP.** PLEASE DO NOT OVERFILL WASTE CONTAINERS. ALLOW 2 INCHES HEADSPACE FROM TOP OF CONTAINER. PLEASE FULLY AND CORRECTLY IDENTIFY ALL CHEMICAL CONSTITUENTS AND THEIR RESPECTIVE CONCENTRATIONS. ACCURATE IDENTIFICATION OF WASTES ARE REQUIRED BY FEDERAL AND STATE LAW. **PROPER WASTE IDENTIFICATION AND CONCENTRATIONS ARE REQUIRED FOR REMOVAL.** AT NO TIME SHOULD HAZARDOUS WASTES BE DISCARDED BY SINK, TRASH OR DUMPSTERS. FOR QUESTIONS, CALL HAZARDOUS MATERIALS AT 369-5706.