

Principal Investigator \_\_\_\_\_

Department \_\_\_\_\_

Room # \_\_\_\_\_ Building \_\_\_\_\_

Phone Number \_\_\_\_\_

Beginning date for this bottle \_\_\_\_\_

## HAZARDOUS WASTE

Un-abbreviated Name of Chemical %

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

*I have properly classified and described this material. I am aware that there are legal penalties for misrepresentation.*

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