

Revised Chemical Waste Label

WASTE CHEMICALS
COMPATIBLE CHEMICALS ONLY

Start Date ____/____/____

Major Hazard (check one)
 Ignitable Toxic Corrosive Compressed Gas Reactive

CHEMICAL NAME _____ QUANTITY _____

DEPARTMENT _____ PHONE _____

PACKED BY _____

To be Completed by EH&S HAZARDOUS WASTE

EH&S Accumulation Date: ____/____/____

PS1692 Rev1216

1. Start Date – Date of when waste is first added to the container.
2. Major Hazard – The main hazard should be identified. If no primary hazards are present (e.g. sodium bicarbonate), do not check any of the boxes.
3. Chemical Name – All chemical constituents must be identified. Use the common chemical name. Do not use abbreviations or formulas/structures.
4. Quantity – Amount of chemical (volume) or concentration of chemical constituents (percentage).
5. Department – Name of Department responsible for the waste.
6. Phone Number – Phone number of person responsible for the waste. (Responsible person will only be contacted if EH&S has questions about the waste.)
7. Packed By – Name of individual responsible for the waste.
8. Bottom section to be completed **ONLY BY EH&S** upon receipt of the waste.