

Fill in on-line then print and sign
Fax to: 206-685-2915
Otherwise mail to: box 354400

Department	Building	Room	Supervisor or PI
Contact Name	Contact Phone	Contact Email	Contact Box Number

Waste Name

WASTE COMPOSITION

List all components of waste. For solutions and mixtures, include solvent(s) and percentage of all components. **Percents must total 100%**. Please list full chemical names.

CHEMICAL	PERCENTAGE
1.	%
2.	%
3.	%
4.	%
5.	%
6.	%
7.	%
8.	%
9.	%
10.	%

ANY ADDITIONAL INFORMATION

I certify that the information provided is accurate and complete and that the materials referenced will be correctly packaged and labeled according to the University of Washington Laboratory Safety Manual. I also certify that the materials referenced will be treated or sewerred according to the UW Laboratory Safety Manual. I will inform Environmental Health and Safety of any change in the above information.

Signature	Date
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ENVIRONMENTAL HEALTH AND SAFETY USE ONLY

Equivalent Concentration	
Proper Shipping Name	
Disposal Option 1-1a-1b-1c	Oxidizer: (Circle one) + -
Disposal Option 2	PH:
RQ:	Other:
UN Number	Zone:
Waste Codes:	Completed by:
Schedule (Circle one) Weekly Bi-Weekly Monthly Bi-Monthly On-Call	MCID: