

Fill in, save, and email to [chmwaste@uw.edu](mailto:chmwaste@uw.edu)  
 Otherwise mail to Box 354400

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

Waste Name	pH
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**WASTE COMPOSITION**

List all components of the 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	Oxidizer:  <div style="text-align: center; margin: 10px 0;"> <span style="margin: 0 10px;">+</span> <span style="margin: 0 10px;">-</span> </div> Other:
Proper Shipping Name	
Disposal Option 1-1a-1b-1c	
Disposal Option 2	
RQ	
UN Number	Zone:
Waste Codes	Completed by:
Schedule	MCID: