

# Waste Profile Form

## I. Generator Knowledge

Source of Material: (Place "X" in front of all that apply.)

Lab Clean Out       Lab Waste       Reagent       Unknown  
 Other

Physical Description: (Place "X" in front of all that apply.)

Solid       Liquid       Gas

(Provide description)

Color \_\_\_\_\_  
 Odor \_\_\_\_\_  
 Quantity \_\_\_\_\_  
 Size of Container \_\_\_\_\_  
 Unknown  Yes or  No (circle one)

## II. Contents and Quantity: (Provide description of contents/quantity, use back if more room is needed.)

Please provide list of all chemicals in container. All waste containers must be kept in a closed container.

## III. Responsible Party Information

<b>Laboratory Supervisor:</b>			
<b>Contact Name</b> (If Different than above):			
<b>Contact Telephone Number:</b>		<b>Building/Room Number:</b>	
<b>Signature:</b>		<b>Date:</b>	

## IV. Delivery/Pick-up Information

Will you drop off chemical waste during university storeroom hours?	( Yes / No )
If yes, please provide date of drop off.	
Would you like chemical waste to be picked up by EHS?	( Yes / No )
If yes, please provide location of chemical waste. (i.e. C207, fume hood, labeled with contents and #1, etc.)	
Location information –	