



INDIANA UNIVERSITY
OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS
University Environmental Health and Safety

Unidentified Chemical Waste Characterization Form

To Be Completed For Each Container				
Building (Alpha Code):		Room:		
Department:		Account Number:		
Contact Person:		Phone Number:		
Current Storage Location:				
Container Description				
<input type="checkbox"/> Glass	<input type="checkbox"/> Plastic	<input type="checkbox"/> Metal	<input type="checkbox"/> Fiber	<input type="checkbox"/> Other (Specify)
Container Condition				
<input type="checkbox"/> Cracked	<input type="checkbox"/> Crazed	<input type="checkbox"/> Pitted	<input type="checkbox"/> Corroded	<input type="checkbox"/> Leaking
Does the container show any signs of failing (leaking)?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the Lid Intact and Sealed			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Original Container			<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unknown
Size or Volume of Container (specify units):				
Volume of Materials in Container (specify units):				
Suspected to Contain:				
Suspected Age (in years):				
Manufacturer or Distributor:				
Additional Container Conditions Concerns Not Already Mentioned:				
Physical Description (If readily available without opening the container)				
Physical State (check all that apply and approximate percent composition or each – must total 100%)				
Compressed Gas:		Liquid:		Solid:
Description of Material (Describe each phase)				
Solids				
Color				
<input type="checkbox"/> Crystals	<input type="checkbox"/> Pellets	<input type="checkbox"/> Powder	<input type="checkbox"/> Chunks	<input type="checkbox"/> Solid Mass – Will not come out of container
Liquids				
Color				
<input type="checkbox"/> Transparent	<input type="checkbox"/> Translucent	<input type="checkbox"/> Opaque	<input type="checkbox"/> Viscous or Free Flowing	
Number of Visible Layers:				
Other Physical Description:				
Is the material known or suspected of being radioactive			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes: Specify the type and source:			<input type="checkbox"/> Alpha	<input type="checkbox"/> Beta <input type="checkbox"/> Gamma
Obvious Odor?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe:				
Submitted By:		Signature:		Date: