

WASTE CHEMICAL LABEL

Building: _____
Room #: _____

Contact Person: _____
Phone #: _____

<i>EHS date</i>		

COMPOSITION OF WASTE: (Please list ALL chemicals and % composition)
DO NOT USE ACRONYMS OR ABBREVIATIONS!

Waste Name: _____

Chemical Name:

% Composition:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	TOTAL: 100%

IUPUI Environmental Health & Safety, 278-3328

980 Indiana Ave. Room 4419

To request a waste pick-up: http://www.ehs.iupui.edu/ehs/manifest_form.asp