






HAZARDOUS WASTE

Contact name: _____

Location/Laboratory collected: _____

Hazards (check all that apply)

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	_____
	flammable		corrosive		explosive		toxic		hazardous to health		other

Content

_____
_____
_____
_____