

IUB HAZARDOUS WASTE LABEL

Bldg/Rm #: _____ Lab Group or Dept.: _____

<i>EHS date</i>		

Contact Person: _____ Email _____

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

Waste Name: _____

Chemical Name: _____

% Composition:

%
%
%
%
%

TOTAL: 100%

I certify this information is true, accurate, and in compliance with IUEHS label instructions. I have made my best effort to reduce the volume and toxicity of waste generated.

Please circle the hazards of this waste.



Signature: _____ Date: _____

To request waste disposal visit: <https://psia360.iu.edu/sites/ehsdocs/?id=143>

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