

CHEMICAL DISPOSAL INVENTORY FORM

Date _____ Investigator (Research Labs Only) _____ Department _____

Building _____ Room # _____ Phone Number _____

Instructions:

1. List each item separately by size and quantity
2. Complete all sections to the best of your knowledge, including contaminants.
3. Waste will be picked up by EHSO on scheduled days for your building.
NOTE: Emergency and special waste pickup requests (e.g. lab decommissioning) can be scheduled. Email chemwaste@emory.edu with complete details.
4. Form must be submitted at the time chemicals are picked up by EHSO.
For additional information, please call 727-5922 or view our website: www.ehso.emory.edu.

PLEASE PRINT

CONTAINERS			CONTENTS	TYPE			EHSO USE	
Item #	Quantity	Size	Chemical name or constituents and approximate percentages	Indicate: *Surplus/Off Spec/Waste			LP/S/D M	Hazard class
Ex.	2	5 gal.	40% Methanol / 30% acetic acid / 30 % water	Surplus	Off Spec	Waste		
1				Surplus	Off Spec	Waste		
2				Surplus	Off Spec	Waste		
3				Surplus	Off Spec	Waste		
4				Surplus	Off Spec	Waste		
5				Surplus	Off Spec	Waste		
6				Surplus	Off Spec	Waste		
7				Surplus	Off Spec	Waste		
8				Surplus	Off Spec	Waste		
9				Surplus	Off Spec	Waste		
10				Surplus	Off Spec	Waste		

Surplus – Unopened and opened chemicals that could be useful to another lab and may be placed in our chemical redistribution program
Off-spec – Chemical that does not achieve the desired results or has “gone bad” and is no longer wanted
Waste – Chemicals that have been through a process resulting in used, unwanted chemicals

I hereby declare that I have personally examined and am familiar with the information submitted in this document. I believe that this information is true, accurate, and complete to the best of my knowledge and that all known and suspected hazards have been disclosed.

NAME _____

SIGNATURE _____