



CHEMICAL DISPOSAL INVENTORY FORM

Date _____ PI or Department Manager _____ Requestor's Name _____

Building _____ Room # _____ Phone Number _____

Instructions:

1. List each item separately by size, quantity, and physical state.
2. Complete all sections to the best of your knowledge, including contaminants.
3. **Sign and email completed form to: chemwaste@emory.edu.**
4. 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.

CONTAINERS			CONTENTS	CONTAINER TYPE	PHYSICAL STATE
Item #	Quantity	Size	Chemical name or constituents and approximate percentages	Indicate: *Original/EHSO	Liquid or Solid
Ex.	2	5 gal.	40% Methanol / 30% acetic acid / 30 % water	Original EHSO	L or S
1				Original EHSO	
2				Original EHSO	
3				Original EHSO	
4				Original EHSO	
5				Original EHSO	
6				Original EHSO	
7				Original EHSO	
8				Original EHSO	
9				Original EHSO	
10				Original EHSO	

*Original Mfg. Container - chemicals that are in the container received from the manufacturer that are no longer needed.

EHSO Container - a container supplied to you for mixed liquid or solid wastes.

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 _____