Appendix E
Hazardous Waste Tag

Print Your Name: ________________________________

Building and Room Number: ________________________________

Phone Number and Email Address: ________________________________

Total Amount in Container: ________ Container Size: ____________

Complete Chemical Composition: (List % or amount of each constituent including water or solvent)

__________________________________________________________

__________________________________________________________

__________________________________________________________

Check if applicable:

_____ Flammable
_____ Corrosive    pH _____
_____ Oxidizer
_____ Toxic
_____ Reactive/Explosive

I certify that this information is true and accurate to the best of my knowledge.

Signature: ___________________________    Date: ___________________________