



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: _____