

# WASTE PROFILE

Date: \_\_\_\_\_ Room #: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Container Identifier:	Multiple Containers <input type="checkbox"/> Y	
Total Quantity:    Unit (    )	# of Containers :	
Chemicals/Compounds	Max %	
SAFETY OFFICE USE ONLY – DRUM IDENTIFIER		

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### Contaminated Soiled Wastes (e.g., used gloves, lab coats, kim wipes, benchkote, absorbent pads)

Soiled Waste Description	# of Containers	Contaminated With (List Chemical Names)
I confirm that this container does not contain liquid chemicals or lab samples. Initial here:		
SAFETY OFFICE USE ONLY – DRUM IDENTIFIER		

As an authorized representative of the waste generator, I hereby certify that the information contained in these waste profiles are accurate representations of all the known contents, volumes, and concentrations.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_