

APPOINTMENT: Date: _____ Attended By (Name & Position): _____

LIQUID AND SOLID WASTES

[illegible]

Soiled Waste Description (identify debris, glass, and vials)	# of Containers:	Contaminated With (List Chemical Names)	SO Use Only Drum ID
e.g. PPE, debris, broken glass	2 Pails	Acetone, methanol, isopropanol	