

WASTE PROFILE

Date: _____ Room #: _____ Principal Investigator: _____

Liquid and Solid Wastes

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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Total Quantity: Unit ()	# of Containers :	
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Total Quantity: Unit ()	# of Containers :	
Chemicals/Compounds	Max %	
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Solid Wastes With Trace Contamination (e.g., used gloves, lab coats, kim wipes, benchkote, absorbent pads)

Soiled Waste Description	# of Containers	Contaminated With (List Chemical Names)
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: _____