MIAMI UNIVERSITY
Environmental Health & Safety Offices

For EHSO Use Only
PICKUP DATE: _____
☐ ENTERED

Chemical Waste Record

Instructions:
1. Please fill out form completely **leaving gray areas blank**. Incomplete forms will not be accepted.
2. Email this form to ehso@MiamiOH.edu.
3. Call 9-2829 if you have any questions about completing this form.

Responsible Party _____
Please Print

Date _____ **Room/Building** _____ **Phone** _____
Location of Chemicals

	Chemical Name (Chemical formulas, structures and abbreviations are not acceptable.)	**Used?**	*FOR ESHO USE ONLY* **Size and number of containers**					**Total Amount** (Indicate units)
			Small (<100 ml)	Medium (100 to 1000 ml)	Large (>1L)	5 Gal (18L)	55 Gal (1000L)	
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						
		Y / N						

Requirements for Pick-up:
1. All containers must be labeled with chemical names. Chemical formulas, structures and abbreviations will not be accepted.
2. All containers must be in good condition. Containers with cracks, leaks, or missing caps will not be accepted.
3. Containers must be compatible with the materials they contain.

Chemical Waste Certification:
The below signed hereby certifies that the information on this document is accurate and that all waste containers are labeled to correctly identify their contents. Improper disposal of chemical waste is a violation of State and Federal law.

Signature of Responsible Party: _____

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