Delaware State University

University Area(s) Responsible: Risk and Safety Management

Form Number and Name: 7-26: Chemical Waste Disposal Form

Approval Date: 7/28/11

Revisions: ________________________________

Related Policies and Procedures: ________________________________

Department: ________________________________

P.I.: ______________________________________

Contact Person: ____________________________

Phone Number: ____________________________

☐ I have an IDR for EHS the number is DR ____________

☐ I have an Open IDR with EHS

☐ I have a Satellite Accumulation Area

☐ I need an SAA

Location: ____________________________

Campus: ____________________________

Building: ____________________________

Room #: ____________________________

Pickup Comments: ____________________________

For questions, contact Environmental Health and Safety at 302-857-7095
Instructions:

• Label all containers.

• Label waste containers with the proper chemical name (no chemical formulas or trade names).

• If the contents are a mixed waste, label container with the two main constituents.

• Always place used chemicals in the appropriate, compatible container.

• For Unknown chemicals, annotate on inventory as either unknown solid or liquid with the amount.

• Complete form and either submit by E-mail to:  
  atunnell@desu.edu

• or fax to the EH&S office (Fax # 302-857-6302).

| Hazard Category | Chemical Name | Containers | x | Size | Units | Liquid
|----------------|---------------|------------|---|------|-------|-------
| F             | Xylene / Alcohol | 1 | x | 5 | gallons |
| 1.            |               |             |   |     |       |       |
| 2.            |               |             |   |     |       |       |
| 3.            |               |             |   |     |       |       |
| 4.            |               |             |   |     |       |       |
| 5.            |               |             |   |     |       |       |
| 6.            |               |             |   |     |       |       |
| 7.            |               |             |   |     |       |       |
| 8.            |               |             |   |     |       |       |
| 9.            |               |             |   |     |       |       |
| 10.           |               |             |   |     |       |       |