



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: 8/13/2011

Reviewed: 7/26/2013

Related Policies and Procedures: _____

Department: _____

Contact Person: _____

P.I.: _____

Phone Number: _____

I have an IDR for EHS the number is

DR

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I have an Open IDR with EHS

I have a Satellite Accumulation Area

I need an S

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).

C= Corrosive		F= Flammable		O= Oxidizer		W= Air/Water Reactive		T= Toxic	
Hazard Category	Chemical Name	Containers	x	Size	Units	Liqu			
F	Xylene / Alcohol	1	x	5	gallons		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
1).			x				<input type="checkbox"/>		
2).			x				<input type="checkbox"/>		
3).			x				<input type="checkbox"/>		
4).			x				<input type="checkbox"/>		
5).			x				<input type="checkbox"/>		
6).			x				<input type="checkbox"/>		
7).			x				<input type="checkbox"/>		
8).			x				<input type="checkbox"/>		
9).			x				<input type="checkbox"/>		
10).			x				<input type="checkbox"/>		