



Date: _____

MATERIAL FOR HAZARDOUS WASTE DISPOSAL

1) Source:

Bldg: _____ Room _____ Lab Supervisor: _____

Submitted by: _____ Phone: _____

2) Package Contents: (check all that apply)

Physical Forms: Solid Liquid Gas

Container Materials: Plastic Glass Metal Other _____

Hazards: Flammable Oxidizer Corrosive Toxic Air/Water Reactive

Biohazard Name of organism: _____

Disinfection?

YES, Autoclaved (each container tagged with 'Treated Biomedical Waste')

YES, Chemical (indicate chemical used _____)

NO, Bag must have UWO Incinerator label with appropriate coloured tape

Radioactive Attach "Safe Transport of Radioactive Material Form"

3) Individual containers:

Please note that each individual container in the package must have a label listing its contents (including water) in order of decreasing concentration. These labels are available from UWO Health & Safety.

ITEM #	DESCRIPTION OF CONTENTS	CONTAINER SIZE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

4) Special Handling/Warnings: _____