

PI:

Building: _____

Room: _____

Time Limited Unwanted Material

Mark box when ready for pickup

Date Started: YYYY - MM - DD

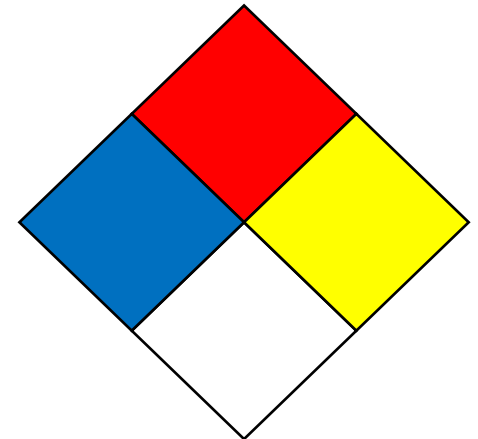
Description:

Contents:



Significant dates:

Hazards:				Notes: Information for anyone encountering this container in an emergency or waste-handling capacity
<input type="checkbox"/>	Flammable	<input type="checkbox"/>	Corrosive (Acid)	
<input type="checkbox"/>	Oxidizer	<input type="checkbox"/>	Corrosive (Alk)	
<input type="checkbox"/>	Reactive	<input type="checkbox"/>	Contact	
<input type="checkbox"/>	Halogenated	<input type="checkbox"/>	Toxic	
<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>	Other (describe)	



Emergency Contact Phone:

Emergency Contact Email: