

**WASTE CHEMICAL TAG**  
IUB Office of Environmental Health & Safety

Bldg/Rm #: \_\_\_\_\_ Lab Group or Dept.: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

<i>EHS date</i>		

COMPOSITION OF WASTE: Please list ALL chemicals and % composition (including water). DO NOT USE ACRONYMS OR ABBREVIATIONS!

**Waste Name:**

<u>Chemical Name:</u>	<u>% Composition:</u>
	%
	%
	%
	%
	%
	%
<b>TOTAL: 100%</b>	

I certify this information is true, accurate, and in compliance with IUEHS label instructions; also, I have made my best effort to reduce the volume and toxicity of waste generated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To request a pick-up visit: <https://apps.ehs.iu.edu/waste/main.cfm>

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