

University of Manitoba

Waste Tag

To be attached to waste container

Chemical Name(s)	Conc.
1. _____	_____%
2. _____	_____%
3. _____	_____%
4. _____	_____%
5. _____	_____%

Total volume: _____

Hazard (s)

check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Flammable | <input type="checkbox"/> Biohazardous |
| <input type="checkbox"/> Corrosive | <input type="checkbox"/> Oxidizer |
| pH: _____ | If biohazardous, has this material been sterilized? |
| <input type="checkbox"/> Toxic | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Reactive | <input type="checkbox"/> No |
| <input type="checkbox"/> Other <i>specify</i> : | |

NOT FOR USE WITH RADIOACTIVE WASTE

Generator information

Name: _____ Dept: _____

Phone #: _____ Start Date: _____

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