










HAZARDOUS WASTE

Container Full Date: _____

Dept.: _____ Bldg./Rm.#: _____

Name: _____ Phone: _____

Chemical Name/Contents	%

 FLAMMABLE <input type="checkbox"/>	 CORROSIVE <input type="checkbox"/>	 TOXIC <input type="checkbox"/>
 OXIDIZER <input type="checkbox"/>	 HEALTH HAZARD <input type="checkbox"/>	 IRRITANT <input type="checkbox"/>
 COMPRESSED GAS <input type="checkbox"/>	 EXPLOSIVE <input type="checkbox"/>	 ENVIRONMENT <input type="checkbox"/>

Laboratory Safety 856-256-5105 LabSafety@Rowan.edu
201 Mullica Hill Rd, Glassboro, NJ 08028










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