


## Waste Labels

HAZARDOUS WASTE	
 University Heights Newark, NJ 07102	Waste Removal Date _____
Chemical Contents (Please describe all waste contents using full chemical names without abbreviations, chemical formulas or molecular structures)	
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
<b>Check All That Apply:</b>	
<input type="checkbox"/> Ignitable D001	<input type="checkbox"/> Flammable, combustible 
<input type="checkbox"/> Corrosive D002	<input type="checkbox"/> Acids, bases 
<input type="checkbox"/> Reactive D003	<input type="checkbox"/> Oxidizers, pyrophorics, polymerizables 
<input type="checkbox"/> Toxic (D004-D043)	<input type="checkbox"/> 
<input type="checkbox"/> Acutely Hazardous (P023-P205)	<input type="checkbox"/> 
Principal Investigator _____	Telephone # _____
Lab Manager _____	Email _____
Building _____	Room # _____

NON-HAZARDOUS WASTE		
 University Heights Newark, NJ 07102	Waste Removal Date _____	
Contents (Please describe all waste contents)		
_____ %	_____ %	
_____ %	_____ %	
_____ %	_____ %	
_____ %	_____ %	
<b>CHECK ALL THAT APPLY</b>		
<input type="checkbox"/> Solid	<input type="checkbox"/> Gloves/Wipes	<input type="checkbox"/> Empty/Washed Reagent bottles
<input type="checkbox"/> Liquid	<input type="checkbox"/> Broken Glass/Penetrants	<input type="checkbox"/> Non-Contaminated Labware
<input type="checkbox"/> Contaminated Labware	<input type="checkbox"/> Non-hazardous Solid Waste (List contents on label above)	
Principal Investigator _____	Telephone # _____	
Lab Manager _____	Email _____	
Building _____	Room # _____	

ELECTROPHORESIS WASTE	
 University Heights Newark, NJ 07102	Waste Removal Date _____
<b>State of Contents</b> (check one)	
<input type="checkbox"/> Solid Waste	<input type="checkbox"/> Liquid Waste
<b>Chemical Constituents</b> (Check one or write in)	
<input type="checkbox"/> Ethidium Bromide	<input type="checkbox"/> SYBR® Green
<input type="checkbox"/> Propidium Iodide	<input type="checkbox"/> Methylene Blue
<input type="checkbox"/> Other _____	
Principal Investigator _____	Telephone # _____
Lab Manager _____	Email _____
Building _____	Room # _____

Biological Waste	
 University Heights Newark, NJ 07102	Waste Removal Date _____ <small>EHS USE ONLY</small>
	
Principal Investigator _____	Telephone # _____
Lab Manager _____	Email _____
Building _____	Room # _____
<b>University Heights, Newark, NJ 07102</b>	

Used Oil	
 New Jersey Institute of Technology	Waste Removal Date _____
<b>General Information</b>	
Principle Investigator: _____	Telephone: _____
Lab Manager: _____	E-mail: _____
Building: _____	Room #: _____
<b>University Heights, Newark, NJ 07102</b>	

UNIVERSAL WASTE	
 University Heights Newark, NJ 07102	Waste Removal Date _____
<b>CHECK ALL THAT APPLY</b>	
<input type="checkbox"/> Battery (ies)	<input type="checkbox"/> Mercury Containing Device
<input type="checkbox"/> Mercury Thermostat(s)	<input type="checkbox"/> Thermometer
<input type="checkbox"/> Lamp(s)	<input type="checkbox"/> Manometer
<input type="checkbox"/> Electronic Device(s)	<input type="checkbox"/> Switches
<input type="checkbox"/> Elemental/ Drained Mercury	<input type="checkbox"/> Gauges
<input type="checkbox"/> Other, Describe: _____	
Principal Investigator _____	Telephone # _____
Lab Manager _____	Email _____
Building _____	Room # _____