

Waste Labels

HAZARDOUS WASTE

NJIT Waste Removal Date _____

University Heights
Newark, NJ 07102

Chemical Contents (Please describe all waste contents using full chemical names
without abbreviations, chemical formulas or molecular structures)

_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

Check All That Apply:

<input type="checkbox"/> Ignitable	D001	Flammable, combustible	
<input type="checkbox"/> Corrosive	D002	Acids, bases	
<input type="checkbox"/> Reactive	D003	Oxidizers, pyrophorics, polymerizables	
<input type="checkbox"/> Toxic	(D004-D043)		
<input type="checkbox"/> Acutely Hazardous	(P023-P205)		

Principal Investigator _____
Telephone # _____

Lab Manager _____
Email _____

Building _____
Room # _____

NON-HAZARDOUS WASTE

NJIT Waste Removal Date _____

University Heights
Newark, NJ 07102

Contents (Please describe all waste contents)

_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %
_____ %	_____ %

CHECK ALL THAT APPLY

<input type="checkbox"/> Solid	<input type="checkbox"/> Gloves/Wipes	<input type="checkbox"/> Empty/Rinsed 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 # _____

Biological-Medical Waste

NJIT Waste Removal Date _____

New Jersey's Science &
Technology University

Inner Container Label

Principal Investigator _____
Telephone # _____

Lab Manager _____
Email _____

Building _____
Room # _____

University Heights, Newark, NJ 07102

Biological-Medical Waste

NJIT Waste Removal Date _____

New Jersey's Science &
Technology University

Outer Container Label

Building: _____

Room #: _____

University Heights, Newark, NJ 07102

ELECTROPHORESIS WASTE



Waste Removal Date _____

State of Contents (check one)

- Solid Waste Liquid Waste

Chemical Constituents (Check one or write in)

- Ethidium Bromide SYBR® Green
 Propidium Iodide Methylene Blue
 Other _____

Principal Investigator _____ Telephone # _____
Lab Manager _____ Email _____
Building _____ Room # _____

UNIVERSAL WASTE



Waste Removal Date _____

CHECK ALL THAT APPLY

- Battery (ies) Mercury Containing Device
 Mercury Thermostat(s) Thermometer
 Lamp(s) Manometer
 Electronic Device(s) Switches
 Elemental/ Drained Mercury Gauges
 Other, Describe : _____

Principal Investigator _____ Telephone # _____
Lab Manager _____ Email _____
Building _____ Room # _____

Used Oil



Waste Removal Date _____

General Information

Principle Investigator: _____	Telephone: _____
Lab Manager: _____	E-mail: _____
Building: _____	Room #: _____

University Heights, Newark, NJ 07102