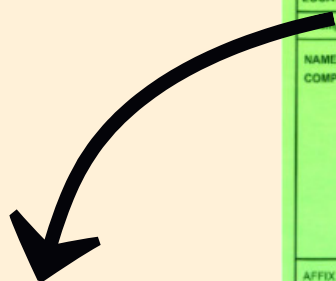


Lab Safety

# LABEL ALL WASTE

Chemical  
waste



HAZARDOUS WASTE	
CONTAINER START DATE (Schedule pick up within 6 months)	PI (Last Name):
10 / 25 / 25 (MM / DD / YYYY)	Pearman
LOCATION Room: 345	HAZARD COMMUNICATION
Bond Life Science Center	<input checked="" type="checkbox"/> IGNITABLE
NAME OF MATERIAL: Chemical Waste	<input type="checkbox"/> CORROSIVE (pH)
COMPONENTS:	<input type="checkbox"/> REACTIVE
	<input type="checkbox"/> TOXIC
	<input type="checkbox"/> BIOHAZARD
	OTHER:
	(Describe)
AFFIX LABEL(S) TO EACH COLLECTION CONTAINER	
EHS HWL 12/04	

143330

EXAMPLE

