


# LABEL ALL WASTE

**Biowaste**



HAZARDOUS UNWANTED MATERIALS	
CONTAINER START DATE (Schedule pick up within 6 months) 01/01/2023 (MM/DD/YYYY)	PI (Last Name): Smith
LOCATION (Room): 18	HAZARD COMMUNICATION <input type="checkbox"/> IGNITABLE <input type="checkbox"/> CORROSIVE (pH _____) <input type="checkbox"/> REACTIVE <input type="checkbox"/> TOXIC <input checked="" type="checkbox"/> BIOHAZARD
Building: Gynn	
NAME OF MATERIAL: mixed biohaz. COMPONENTS: non-sharps, blood tubes, tips, used syringes, human blood, gloves	
OTHER: (Describe)	
AFFIX LABEL(S) TO EACH COLLECTION CONTAINER	
EHS HML 11/16	

01234



**Use tags when necessary.**

