

CHEMICAL WASTE DISPOSAL RECORD (Campus Locations)

Environmental & Occupational Health Support Services Tel: 905.525.9140 x24352 Fax: 905.540.9085

https://hr.mcmaster.ca/employees/health_safety_well-being/our-safety/

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| Researcher | | | Date | | |
|---|-------------------|---|---|--------------------------|------------------------|
| echnicia | an/Contact Person | | | | |
| Department & Extension | | | Building | | |
| Lab Clean Out Mosaic Chartfield String | | | Room # Research Undergrad | | |
| | | | | | |
| | | Do not use abbreviati | ione or chart forms | | |
| Item # | Acid or Base pH | % and Chemical Na Include Water | ame | Physical Form | Volume of Container |
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| | | Please email to waste@mcmas | | | |
| PI | ease complete all | areas on this form and send by email o | r fax by <mark>9:00am</mark> Friday for | pick up the following | Tuesday. |
| | To send this r | record as an email, please save the do and then email the reco | cument to your compute ord as an attachment. | r, enter your informatio | n |
| | | Any Additional | Information | | |
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