

Principal Investigator: _____ Location: _____
Phone: _____ Container Size: _____ State(S/L/G): _____

Waste stream Name : _____
(e.g. Aqueous Waste, Halogenated Solvents)

WASTE DESCRIPTION/COMPOSITION	
Chemical <small>(acetone, water etc.)</small>	% by Volume
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**HAZARD
Characterization**

If found contact UCPD at (773)702-8181

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