



CHEMICAL DISPOSAL INVENTORY FORM

Date _____ Investigator (Research Labs Only) _____ Department _____

Building _____ Room # _____ Phone Number _____

Instructions:

- List each item separately by size and quantity
- Complete all sections to the best of your knowledge, including contaminants.
- Waste will be picked up by EHSO on scheduled days for your building.
NOTE: Emergency and special waste pickup requests (e.g. lab decommissioning) can be scheduled. Email chemwaste@emory.edu with complete details.
- Form must be submitted at the time chemicals are picked up by EHSO.

For additional information, please call 727-5922 or view our website: www.ehso.emory.edu.

PLEASE PRINT

CONTAINERS			CONTENTS	TYPE	EHSO USE	
Item #	Quantity	Size	Chemical name or constituents and approximate percentages	Indicate: *Surplus/Off Spec/Waste	LP/S/DM	Hazard class
Ex.	2	5 gal.	40% Methanol / 30% acetic acid / 30 % water	Surplus / Off Spec / Waste		
1				Surplus / Off Spec / Waste		
2				Surplus / Off Spec / Waste		
3				Surplus / Off Spec / Waste		
4				Surplus / Off Spec / Waste		
5				Surplus / Off Spec / Waste		
6				Surplus / Off Spec / Waste		
7				Surplus / Off Spec / Waste		
8				Surplus / Off Spec / Waste		
9				Surplus / Off Spec / Waste		
10				Surplus / Off Spec / Waste		

- Surplus – Unopened and opened chemicals that could be useful to another lab and may be placed in our chemical redistribution program
- Off-spec – Chemical that does not achieve the desired results or has “gone bad” and is no longer wanted
- Waste – Chemicals that have been through a process resulting in used, unwanted chemicals

I hereby declare that I have personally examined and am familiar with the information submitted in this document. I believe that this information is true, accurate, and complete to the best of my knowledge and that all known and suspected hazards have been disclosed.

NAME _____

SIGNATURE _____