

Unique combination of letters and numbers

Person or lab that generated the waste

Department

Date container was filled

# DANGEROUS WASTE

INVOICE #: \_\_\_\_\_ GENERATOR: \_\_\_\_\_ DEPT. \_\_\_\_\_ DATE FILLED: \_\_\_\_\_

Circle Hazard(s): Flammable-Toxic-Corrosive-Other	%	Circle Hazard(s): Flammable-Toxic-Corrosive-Other	%
<b>Constituents:</b>		<b>Constituents:</b>	
<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Contents and percentage. Do not use abbreviations. Total must add up to 100%         </div>		<div style="border: 1px solid black; padding: 5px; width: fit-content;">           Circle relevant hazards         </div>	
<b>Place This Sticker Directly On Waste Container</b>			

Example:

# DANGEROUS WASTE

INVOICE #: 2113 GENERATOR: Dawn Freeman DEPT. Science DATE FILLED: 4/10/18

Circle Hazard(s): Flammable-Toxic-Corrosive-Other	%	Circle Hazard(s): Flammable-Toxic-Corrosive-Other	%
<b>Constituents:</b>		<b>Constituents:</b>	
Water	70	pH 6 Buffer	1
Ethanol	10	Basic Fushsin	1
Iodine	3.5	Ferric Chloride	1
Potassium Iodide	3.5	Methanol	1
Nigrosin	1	Phenol	1
Crystal Violet	1	Glacial Acetic Acid	1
Safronin O	1		
Methylene Blue	1	Total=	100
Congo Red	1		
Brilliant Green	1	<b>pH documented here if known</b>	
Malachite Green	1		

WSUV Hazardous Waste Pickup request

WSU Location VSCI 110 Department Science

Person Responsible for Waste Dawn Freeman / Teaching Lab

Phone 546-9634 email: dawnfreeman@wsu.edu

Inv #	Date Container Filled	Constituents (no formulas) and Percent (% must = 100% - include all)	Total Amount (solid=Kg) (liquid=liters)	Physical State (S;L;G;SL)	Container Size (liters)	Container Type (G;M;P;F)	# of Cont	pH	Date to Central Accumulation Area & Received by:
2112	3/28/18	Plastic 90% Ethidium Bromide-1% Agarose 5% Tris Buffer 5% Total: 100% Hazards: Toxic	5 kg	S	20L	P	1	N/A	Joe Price
2113	4/10/18	Water 70% Potassium Iodide 3.5% Ethanol 10% Crystal Violet 1% Iodine 3.5% Safranin 0 Nigrosin 1% Methylene Blue 1% Total: 100% Hazards: Toxic	21L	L	21L	P	1	6	
↓	↓	Basic Fuchsin 1% Glacial Acetic Acid 1% Ferric Chloride 1% Methanol 1% Phenol 1% Total: 100% Hazards: Toxic	↓	↓	↓	↓	↓	↓	↓
2114	4/15/18	Water 51.7% Potassium Iodide 3% Carosafe 10% Running buffer 2.4% Ethanol 3.5% Nutrient Agar 1% Iodine 3% Phosphate Buffered Saline 0.5% Total: 100% Hazards: Toxic	21L	L	21L	P	1	5	
↓	↓	Congo Red 0.9% Basic Fuchsin 0.9% Amylase 0.02% Brilliant Green 0.9% Ferric Chloride 0.9% starch 0.05% Malachite Green 0.9% Methanol 0.9% sodium hydroxide 0.0005% pH6 Buffer 0.9% Phenol 0.9% Total: 100% Hazards: Toxic	↓	↓	↓	↓	↓	↓	↓
↓	↓	Glacial Acetic Acid 0.9% API Nitrite Test solution 0.005% API pH Test Solution 0.005% API Nitrate Test solution 0.01% API Ammonium Test solution 0.005% API Nitrate Test Solution 0.01% API Ammonium Test Solution 0.005% Total: 100% Hazards: Toxic	↓	↓	↓	↓	↓	↓	4/12/18

COMMENTS:

Distribution of copies:

- 1) Location Hazardous Waste Coordinator or EH&S representative (if they are the same person)
- 2) With the container
- 3) With the waste
- 4) Your EH&S Statewide representative (if their office is not at your location):

Version 04-10

Glass, Metal, Plastic, or Fiberglass

Amount in container, in L or Kg

Document pH if known

List all constituents, if they don't all fit in one row, use additional rows and indicate with arrows. Be sure they match constituents on sticker. No abbreviations

## **HOW TO FILL OUT A WSU Hazardous Waste list pickup request:**

### **Column #1: Invoice #**

Select an individual invoice number for each container provided to EH&S.

### **Column #2: Date Container Started:**

Provide the initial date when waste was collected in the container

### **Column #3: Date Container Filled:**

Identify the date at which the container was filled or given to EH&S

### **Column #4: Constituents**

Identify all constituents contained within the container or containers (if more than one container is included on the invoice #). For mixtures, indicate the percent (%) for each material contained within the mixture totaling up to 100%.

Note: Please do not utilize abbreviations (ex. PFR for paraformaldehyde).

### **Column #5: Total Amount (solid = kg) (liquid – liters):**

Provide the known weight of constituents. If unknown provide a good estimation of the weight.

### **Column #6: Physical State (S, L, G(as), SL (for solid liquid mixes):**

Provide the physical state of the constituents as indicated above.

### **Column #7: Container size**

Indicate the size of the container

### **Column #8: Container Type (G;M;P;F)**

G-Glass; M-Metal; P-Plastic; F-Fiberglass

### **Column #9: # of Containers**

Indicate the number of containers associated with the invoice number identified.

### **Column #10: pH:**

If known, identify the pH. If the pH is unknown, leave blank

### **Column #11: Date to Central Accumulation Area & Received by:**

Leave this column blank. It will be filled in by personnel within EH&S. They will sign and date the manifest with the date it was received by EH&S. The completed copy will be scanned and email to the lab of generation.