## DANGEROUS WASTE

**INVOICE #: __________  GENERATOR: __________ DEPT. __________ DATE FILLED: _______**

<table>
<thead>
<tr>
<th>Circle Hazard(s):</th>
<th>%</th>
<th>Circle Hazard(s):</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flammable-Toxic-Corrosive-Other</td>
<td></td>
<td>Flammable-Toxic-Corrosive-Other</td>
<td></td>
</tr>
</tbody>
</table>

**Constituents:**

- Water: 70%
- Ethanol: 10%
- Iodine: 3.5%
- Potassium Iodide: 3.5%
- Nigrosin: 1%
- Crystal Violet: 1%
- Safronin O: 1%
- Methylene Blue: 1%
- Congo Red: 1%
- Brilliant Green: 1%
- Malachite Green: 1%

**Contents and percentage. Do not use abbreviations. Total must add up to 100%**

**Example:**

**INVOICE #: __2113__  GENERATOR: __Dawn Freeman__ DEPT. __Science__ DATE FILLED: __4/10/18__**

<table>
<thead>
<tr>
<th>Circle Hazard(s):</th>
<th>%</th>
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**Example:**

**Document pH if known**

**pH documented here if known**

**Place This Sticker Directly On Waste Container**
<table>
<thead>
<tr>
<th>Inv #</th>
<th>Container Material</th>
<th>Date Filled</th>
<th>Container Type</th>
<th># of Containers &amp; Size (G;M;P;F)</th>
<th>Total Amount (solid=Kg) (liquid=liters)</th>
<th>Physical State</th>
<th>Container Size (liters)</th>
<th>Date to Central Accumulation Area</th>
<th>Received by</th>
</tr>
</thead>
<tbody>
<tr>
<td>2112</td>
<td>3/6/18</td>
<td>3/29/18</td>
<td>P</td>
<td>5 L</td>
<td>5 Kg</td>
<td>S</td>
<td>20 L</td>
<td>1/18/18</td>
<td>Joe Price</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2113</td>
<td>3/6/18</td>
<td>4/10/18</td>
<td>P</td>
<td>2 L</td>
<td>21 L</td>
<td>L</td>
<td>1 L</td>
<td>1/5/18</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2114</td>
<td>3/6/18</td>
<td>4/15/18</td>
<td>P</td>
<td>2 L</td>
<td>21 L</td>
<td>L</td>
<td>1 L</td>
<td>1/5/18</td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

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

**Distribution of copies:**

1. WSU Location: VSCI 110, Department: Science
2. Person Responsible for Waste: Dawn Freeman, Teaching Lab
3. Phone: 546-9169, Email: dfreeman@wsu.edu

**Constituents (no formulas) as a percent (% must = 100% - include water):**

- Plastic: 10%
- Ethidium Bromide: 5%
- Tris Buffer: 5%
- Water: 90%

**Hazards:** Toxic

**Constituents (no formulas) as a percent (% must = 100% - include water):**

- Water: 51.7%
- Sodium Citrate: 4.2%
- Sodium Hydroxide: 0.5%
- Sodium Chloride: 0.05%

**Hazards:** Toxic

**Comments:**

- 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.