Hazardous Waste

Contact Name: _____

Phone #: _____ Container ID #: _____

Hazard(s):

- ☐ TOXIC
- ☐ OXIDIZER
- ☐ REACTIVE
- ☐ IGNITABLE
- ☐ CORROSIVE
- ☐ None
- ☐ Other: _____

Waste Description:

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Accumulation Date (Filled Date):

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