

HAZARDOUS WASTE

Generator's Name _____

Department & Phone # _____

Bldg./Floor/Room # _____

Date Filled _____

Chemical Name & volume or % & pH

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Once container is full, place this completed label
over Red SAA Waste Label for disposal.

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_____	_____
_____	_____
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