

CONTAINER MAY NOT BE USED OR REMOVED WITHOUT COMPLETE LABEL  
**YSU CHEMICAL / HAZARDOUS WASTE**

COMPATIBLE CHEMICALS ONLY

BLDG/ROOM #: \_\_\_\_\_

WASTE ACCUMULATION

DEPARTMENT: \_\_\_\_\_

START DATE: \_\_\_\_\_

**CHEMICAL NAME(S)**

NO FORMULA OR ABBREVIATION

QUANTITY

_____	_____
_____	_____
_____	_____
_____	_____

**Submit disposal when container is 2/3 full:**  
<https://ysu.edu/eohs/hazardous-waste-pickup>

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