

## Chemical Waste

REFER TO MSDS

Full Chemical Name and Concentration of all Constituents

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Does the waste contain any (tick if yes):

Hazardous Substances    Dangerous Goods

School/Section : \_\_\_\_\_ Building No.: \_\_\_\_\_

Lab No.: \_\_\_\_\_ User : \_\_\_\_\_

Waste collected : \_\_\_\_\_ till \_\_\_\_\_ Ph : \_\_\_\_\_

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