

HAZARDOUS WASTE DISPOSAL FORM

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SCHOOL NAME/NO. _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE: _____ FAX: _____

DATE: _____

MATERIAL	NUMBER OF CONTAINERS	CONTAINER SIZE	CONTAINER TYPE*	PHYSICAL STATE**

*CONTAINER TYPE: A=AEROSOL, F-FIBER BOX, G=GLASS, M=METAL, P=PLASTIC

**PHYSICAL STATE: S=SOLID, L=LIQUID, G=GAS

LOCATION(S) OF MATERIAL(S): _____

NOTES: _____
