

Instructor, PI, or Container Owner _____ Ext. or Phone No. _____
Building _____ Room No. _____
Waste Container No. _____ Submission Confirmation No. _____

Mixed Waste Log

Waste containers **must** be: clean, tightly capped, clearly & legibly labeled, compatible with the contents within, and free of leaks, corrosion, or damage.

Date	Printed Name	Full Chemical Name <i>if it's a solution, please specify concentration and solvent (if not water)</i>	Quantity (g, mL)