

HAZARDOUS WASTE INVENTORY SHEET

DATE: _____

PAGE # ___ OF ___

BUDGET CODE: _____

AUTHORIZATION: _____

CONTACT NAME: _____

BUILDING & ROOM NO.: _____

DEPARTMENT: _____

PHONE NUMBER: _____

NO.	PRODUCT NAME:	CONTAINER TYPE:	CONTAINER SIZE (LITRES, GRAMS, ETC.)	QUANTITY OF WASTE (LITRES, GRAMS, ETC.)	STATE: (SOLID, LIQUID, GAS)
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					
__1					
__2					
__3					
__4					
__5					
__6					
__7					
__8					
__9					
__0					

NUMBER EACH WASTE CONTAINER TO CORRESPOND WITH THE NUMBERS ON THIS INVENTORY.

KEEP ONE COPY FOR YOUR FILES. FORWARD ONE COPY TO PUBLIC SAFETY & RISK MANAGEMENT.