

SCHEDULED WASTE DISPOSAL FORM

A. GENERAL INFORMATION

Date of Disposal	
Faculty/Department	
Name of Laboratory	
Name of In-Charge Officer	
Mobile Phone Nu.	
Staff Nu.	

B. SCHEDULED WASTE DISPOSAL INFORMATION

Item	Name of Waste Disposal	Classification	Quantity (Size of Bottle/ L)
Total Nu. of Bottle			

Signed by Name : Staff Nu. : Date :	Approved by: (CMU) Name: Official Stamp: Date:
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Note:

1. Application must be submitted to the Chemical Management Unit (CMU) in two (2) copies. A copy must be kept by the applicant for the record.
2. The waste label will be given to the applicant upon obtain the approval from the CMU and it must be pasted on the bottle/ container before the waste being taken to the waste store