

SOLID WASTE REVIEW

Name of Reviewer _____ Date _____

Department _____

Building _____

Room _____

Person responsible for Room _____

Type of Materials Found:

Chemicals _____

 Ignitable _____

 Corrosive _____

 Reactive _____

 Toxic _____

Equipment _____

Furniture _____

Other _____

Circle one or more:

Cleaning agents

Insecticides/pesticides

Batteries

Ballasts

Radioactive Materials

Mercury

Florescent tubes

 Light Bulbs

 Empty Boxes

 Boxes of old documents

 Paint

 Old office equipment (computers, etc.)

Trash

Comments:

Thank you for your assistance in this matter.

Reviewer's

Signature _____