Stockton University – Chemical Waste Inventory Form

Department_____

Name of Person Completing Inventory _____ Extension_____

Budget Unit Manager's Name _____Signature_____

Date Completed_____

WASTE NAME	**QUANTITY** # of Containers	**CONTAINER SIZE-** Gal. Qt., Lbs., etc.	**CONTAINER TYPE-**Metal Glass, Plastic, etc.	**PHYSICAL DESCRIPTION** Solid, Liquid, Gas, Color	**LOCATION** Bldg/Room#

Total Estimated Volume (Gal. /Lbs.) _____

(use additional sheets if necessary)