

ROUTINE WASTE FORM

NEW YORK UNIVERSITY Environmental Services			
Department <i>CHEMISTRY</i>	Building <i>BROWN</i>	Room <i>568</i>	PI or Supervisor <i>JONES</i>
Contact Name <i>JANE SMITH</i>	Contact Phone <i>X81234</i>		
Waste Composition			
Compound/Constituents	Percentage		
1. <i>ACETONITRILE</i>	<i>25 - 20 %</i>		
2. <i>ACETONE</i>	<i>25 - 20 %</i>		
3. <i>DIMETHYLFORMALDEHYDE</i>	<i>20 %</i>		
4. <i>TETRAHYDROFURANE</i>	<i>20 %</i>		
5. <i>WATER</i>	<i>10 %</i>		
6. <i>CHLOROFORM</i>	<i>10 - 0 %</i>		
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
PERCENTAGES MUST EQUAL 100% = 100.0%			
Accumulation Information	Container Information		
Anticipated volume per week _____	Container Type:		
Anticipated volume per month <i>20 GALLONS</i>	<input checked="" type="checkbox"/> Glass bottle – size <i>1 X 4 LITER</i>		
Anticipated semester from – to: <i>JAN 04 - AUG 04</i>	<input type="checkbox"/> Plastic bottle – size _____		
	<input type="checkbox"/> Other _____ Size _____		
I certify that the information provided is accurate, complete and correctly packaged according to the New York University's Hazardous Waste Minimization and Disposal Policy, #101. I will inform Environmental Services of any changes in the above information.			
Signature: <i>Jane Smith</i>		Date: <i>11/05/03</i>	
Environmental Services Use Only			
Proper Shipping Name _____		Tests:	
Waste Codes: _____		pH:	
		Other:	