

WSU STATEWIDE CHEMICAL SUBSTANCE REPORT

WSU Location _____ Department _____

Person Responsible for Waste _____

Phone _____ email: _____

Inv #	Date Container filled	Constituents (no formulas) and Percent (% must = 100% - include water)	Total Amount (solid=Kg) (liquid- liters)	Physical State (S;L;G;SL)	Container Size (liters)	Container Type (G;M;P;F)	# of Cont	pH	Date to Central Storage (CHWSA)
		Hazards:							
		Hazards:							
		Hazards:							
		Hazards:							
		Hazards:							
		Hazards:							

COMMENTS

Version 08-07

Distribution of copies:

- 1) Location Hazardous Waste Coordinator or EH&S representative (if they are the same person)
- 2) With the container
- 3) Generator File
- 4) Your EH&S Statewide representative (if their office is not at your location):