

The Richard Stockton College of NJ – 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)