CHEMICAL INVENTORY FOR DISPOSAL

DISTRICT NAME: _____
CONTACT PERSON: _____
BUILDING NAME: _____
ADDRESS: _____
_____

TELEPHONE NUMBER:
_____
DATE: _____
PAGE: _____ OF _____.
EPA ID #: _____

CHEMICAL (WASTE) DESCRIPTION (NAME)	FORM (Solid, gas, liquid, etc…)	NUMBER OF CONTAINERS	SIZE OF CONTAINERS	TOTAL AMOUNT