

# Marquette University Chemical Waste Inventory Disposal

Dept. \_\_\_\_\_

Date \_\_\_\_\_ Location/Room# \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Person(s) doing inventory/Contact Person(s) \_\_\_\_\_ Phone Ext. \_\_\_\_\_

Chemical Name/Description	(S)olid (L)iquid or (G)as	Container Size	Total Quantity Weight/ Volume	Container Type	Number of Containers	Comments