

**Oakland University
Hazardous Waste Inventory Form**

Date: _____ **Contact Person:** _____ **Phone:** _____

Waste Location: (Building/Room) _____ **Department:** _____ **Email:** _____

Item # (Skip a line)	Chemical/Material Name (List Concentration if Applicable)	Physical State: Solid/Liquid/ Gas	Container Type: Glass/ Plastic/Metal/ Box	# Of Containers	Total Weight or Volume	Manufacturer's Name and Catalog #	Comments: Crystalized, Stratified, Spent/Unused?
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Comments: