

# VILLANOVA UNIVERSITY HAZARDOUS WASTE LABEL

## STATE AND FEDERAL LAWS PROHIBIT IMPROPER DISPOSAL

If found, contact the nearest police or public safety authority or the  
U.S. Environmental Protection Agency.

Advisor's Name \_\_\_\_\_ Dept \_\_\_\_\_

Bldg \_\_\_\_\_ Room \_\_\_\_\_ Phone \_\_\_\_\_

---

**Contents (full name only, no formulas) / Approx. Amounts (%)**

### Circle all that apply

Acid – Aqueous – Caustic – Reagent – Solvent – Lab Trash – Other

---

### Check all that apply

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Flammable            | <input type="checkbox"/> Reactive    |
| <input type="checkbox"/> Corrosive            | <input type="checkbox"/> Carcinogen  |
| <input type="checkbox"/> Poison               | <input type="checkbox"/> Liquid      |
| <input type="checkbox"/> Oxidizer             | <input type="checkbox"/> Solid       |
| <input type="checkbox"/> Liquid/Solid Mixture | <input type="checkbox"/> Other _____ |

---

**Date Started** \_\_\_\_\_ **Date Filled** \_\_\_\_\_

# VILLANOVA UNIVERSITY HAZARDOUS WASTE LABEL

## STATE AND FEDERAL LAWS PROHIBIT IMPROPER DISPOSAL

If found, contact the nearest police or public safety authority or the  
U.S. Environmental Protection Agency.

Advisor's Name \_\_\_\_\_ Dept \_\_\_\_\_

Bldg \_\_\_\_\_ Room \_\_\_\_\_ Phone \_\_\_\_\_

---

**Contents (full name only, no formulas) / Approx. Amounts (%)**

### Circle all that apply

Acid – Aqueous – Caustic – Reagent – Solvent – Lab Trash – Other

---

### Check all that apply

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Flammable            | <input type="checkbox"/> Reactive    |
| <input type="checkbox"/> Corrosive            | <input type="checkbox"/> Carcinogen  |
| <input type="checkbox"/> Poison               | <input type="checkbox"/> Liquid      |
| <input type="checkbox"/> Oxidizer             | <input type="checkbox"/> Solid       |
| <input type="checkbox"/> Liquid/Solid Mixture | <input type="checkbox"/> Other _____ |

---

**Date Started** \_\_\_\_\_ **Date Filled** \_\_\_\_\_