

REGULATED WASTE INFORMATION WORKSHEET

UNIT/ORGANIZATION: _____

POC: _____

DOC. #: _____

ALTERNATE: _____

BLDG #: _____

PHONE NUMBER: _____

ALL INFORMATION MUST BE TAKEN FROM THE CONTAINER, NOT THE MATERIAL SAFETY DATA SHEET (MSDS)

Fax to Environmental Management Division (EMD) 502-624-3000

FEDERAL STOCK NUMBER/NATIONAL STOCK NUMBER (NSN) (13 Digits): _____

PART NUMBER/CATALOG NUMBER: _____

NAME OF ITEM: _____

MANUFACTURER/CAGE NUMBER: _____

MIL-SPEC NUMBER (Example: Mil-M-2401B): _____

TYPE OF CONTAINER: _____

NUMBER OF INDIVIDUAL CONTAINERS: _____

HOW FULL IS THE CONTAINER (1/4, 1/3, 1/2, 3/4, FULL): _____

LIST ALL INGREDIENTS: _____

CONTENTS: SOLID: _____ LIQUID: _____ PASTE: _____

FLASHPOINT: _____ PH: _____ B/P: _____ LD-50 _____ mg/kg

USER'S KNOWLEDGE OR COMMENTS: _____

EMD COMMENTS: _____

PROFILE NO.: _____ CLIN: _____ LBS @: _____

WT: _____ ERG#: _____ YR: _____ STATE CODES: _____

CONTAINER TYPE: _____ UN#: _____ QTY: _____