

Stockton University – Chemical Waste Inventory Form

Department \_\_\_\_\_

Name of Person Completing Inventory \_\_\_\_\_ Extension \_\_\_\_\_

Budget Unit Manager's Name \_\_\_\_\_ Signature \_\_\_\_\_

Date Completed \_\_\_\_\_

WASTE NAME	QUANTITY # of Containers	CONTAINER SIZE - Gal. Qt., Lbs., etc.	CONTAINER TYPE -Metal Glass, Plastic, etc.	PHYSICAL DESCRIPTION Solid, Liquid, Gas, Color	LOCATION Bldg/Room#

Total Estimated Volume (Gal. /Lbs.) \_\_\_\_\_

(use additional sheets if necessary)