

mL threshold to check a box.

Then check a box each time a chemical reaches the indicated threshold.

## Halogenated Waste Collection Form B, C, D Waste ONLY (No solutes of toxicity category X, P or A)

Advisor	: Date Begun:
Before s	starting a new 4L waste container, complete and <b>check off</b> the following:
	Inspect the 4L bottle for cracks or flaws; DO NOT use if any are present. Make sure the cap fits tightly and that the bottle is clean.
	Place a "hazardous waste" sticker on the bottle and label it clearly as halogenated using a permanent marker.
	Place the bottle in a sturdy secondary container.
	Ensure that this Waste Collection Form is posted with the bottle.
Fill out t	the tables below each time you add waste. List ALL chemicals added, even if you add less than the 2g or 80

Solvent name	Toxicity category (circle one)				C	he	ck	a I	bo	x e	ac	h t	im	e y	ou	ac	ld 8	80	m	L				
CH <sub>2</sub> Cl <sub>2</sub>	D																						l	
CHCl <sub>3</sub> (chloroform)	D																						l	
CCI <sub>4</sub>	В																						l	
Acetone	B C D																							
	B C D																							
	B C D																							
	B C D																						П	

Solute name	Toxicity category				CI	nec	k a	a bo	ОX	ea	ch	tim	e y	ou	ad	ld 2	2 g				
	B C D																				
	B C D																				
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When the was	te reaches the	point at whic	h the bottle	begins to narrow	have your	advisor s	sign and o	date this	form,	tape
it to the bottle,				_	_		•			

Advisor Signature:	 Date Filled:	