Environmental Health & Safety

TEL 506 453-5075
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HAZARDOUS WASTE DISPOSAL WORKORDER FORM

Generator No. NB 000109

(Complete using pen only; forms completed in pencil will be returned)

Date _____ Supervisor of Lab/Shop _____

Dept./Bldg./Room No. _____Civic Address _____

Supplier	**Chemical Name** (specify concentration for mixtures)	**Trade Name** (if applicable)	**WHMIS Hazard Class**	**Physical State** S / L / G	**Number of Containers**	**Container Size**	**Total Quantity**	**Container Type**

Dept. Use Only
No. _____
Sept. 2007

Print Contact Name: _____

Signature: _____

Telephone: _____e-mail: _____