Name: Department:

Phone no: E-mail address:

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| **Chemical \*** Full chemical name, description of waste | **Total amount of waste** | **No of containers** | **R / H / EUH no\*\*** | **Primary hazard\*\*\*** | **Secondary hazard\*\*\*** | **Inorganic (I) or Organic (O)** | **Solid (S) Liquid (L) or Gas (G)** |
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