Chemical Waste Log Sheet (Medical Sources)

To:   Safety Office (Fax: 2858 7159)

Department: ________________________________ Location: ________________________________

Contact Person: ________________________________ Phone No.: ________________________________

Waste Name: ________________________________ Date: ________________________________

CWTF-ID: ________________________________ Container No.: ________________________________

The following columns should be filled every time when chemical waste is added.

<table>
<thead>
<tr>
<th>Individual Waste Component(s)</th>
<th>Concentration (by weight %)</th>
<th>Process of Waste Arising</th>
<th>Quantity (litres)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The following columns should be filled before collection by Safety Office.

<table>
<thead>
<tr>
<th>pH</th>
<th>Color</th>
<th>Physical appearance (liquid/sludges/solid/chuk … etc.)</th>
<th>Viscosity (low/medium/high)</th>
<th>Layering (single/double/triple … etc.)</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>