

# VTCRI Liquid Waste Disposal

Date: \_\_\_\_\_

Lab Name: \_\_\_\_\_

Total volume to be disposed: \_\_\_\_\_ ml

Does this liquid contain **biological** materials? YES  NO

If yes, please list biologicals below:

\_\_\_\_\_  
\_\_\_\_\_

Does this liquid contain **antibiotics**? YES  NO

If yes, please list antibiotics below:

\_\_\_\_\_  
\_\_\_\_\_

Does this liquid contain other **chemicals**? YES  NO

If yes, please list other chemical below:

<u>Specific Chemical Name (No abbreviations)</u>	<u>Volume</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If biological treatment action: Autoclave \_\_\_\_\_ 20% Bleach\* \_\_\_\_\_

\*Do not add bleach to solutions that may contain ammonia or strong acids, as dangerous chlorine gas may be produced.