N

Non-Halogenated Waste Collection Form

B, C, D Waste ONLY

(No solutes of toxicity category X, P or A)

Advisor: _____ Date Begun:_____.

Before starting a new 4L waste container, complete and **check off** 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 the tables below each time you add waste. List ALL chemicals added, even if it is less than the 80 mL or 2 g threshold to check a box.
Then check a box each time a chemical reaches the indicated threshold.

Solvent name	**Toxicity category** (circle one)	**Check a box each time you add 80 mL**
Acetone	–	
EtOAc (ethyl acetate)	–	
Hexanes	C	
CH_3CN (acetonitrile)	D	
MeOH	–	
EtOH	–	
Toluene	C	
Xylenes	C	
	B C D	
	B C D	
	B C D	

Solute name	**Toxicity category**	**Check a box each time you add 2 g**
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	
	B C D	

When the waste reaches the point at which the bottle begins to narrow, have your advisor sign and date this form, tape it to the bottle, and bring it to room 608 in a bucket or on a cart.

Advisor Signature: _____ Date Filled: _____