



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.

Individual Waste Component(s)	Concentration (by weight %)	Process of Waste Arising	Quantity (litres)

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

pH	
Color	
Physical appearance (liquid/sludges/solid/chuk ... etc.)	
Viscosity (low/medium/high)	
Layering (single/double/triple ... etc.)	
Comment	