

ICMS Waste Handling

Weekly Inspection Record

Form No: Lab-WH-001

Location: 3rd Floor Laboratory			
EB solid waste	Microbial culture waste (Solid)	Other liquid chemical waste	Sharp waste
Remark:			
Check by: _____		Date: _____	

Location: 2nd Floor Laboratory		
Organic Solvent Waste*	Sharp waste	Other(_____)
Remark:		
Check by: _____		Date: _____

*Please ask the contractor to collect the tank when the waste is 60% -70% full.

Location: W101 Laboratory		
Organic Solvent Waste*	Sharp waste	Other(_____)
Remark:		
Check by: _____		Date: _____

*Please ask the contractor to collect the tank when the waste is 60% -70% full.

Endorsed by: _____

Date: _____