

ELEMENTS OF PROPER HAZARDOUS WASTE STORAGE

PROPER HAZARDOUS WASTE CONTAINER STORAGE

1) COMPATIBILITY

- Ensure chemicals are compatible with container type
- Ensure chemicals are compatible with each other

2) LABELING

- Deface label if using own container
- Mark container with the words “*Hazardous Waste*”
- Fill out Waste Tag as shown on right

3) STORAGE

- Keep containers closed
- **DO NOT OVERFILL**, leave space at top of container for expansion
- Store materials in secure area at the point of generation
- ****DO NOT accumulate more than 55-gallons of hazardous waste at any given time****

4) DISPOSAL

- Within 90 days of the Start Date that chemicals were added (or if container is filled prior to 90 days), fill out a pick up request at: <http://ehs.msu.edu>.

EMERGENCY RESPONSE CONTACT INFORMATION:

MSU Police/East Lansing Fire	911
MSU Police Cadet Desk	(517) 355-2221
EHS Emergency Coordinator	(517) 355-0153
After Hours Response	Call MSU Police Cadet Desk



Environmental Health
and Safety
MICHIGAN STATE UNIVERSITY

4000 Collins Road, B20
Lansing, MI 48910 (517) 355-0153
ehs@msu.edu
<http://ehs.msu.edu/waste/index.html>



MSU WASTE MATERIALS PICK UP TAG

Project Leader _____ Dept. _____

Bldg & Room No. _____ Phone _____

Filled Out By _____ Accumulation Start Date _____

Container Size _____ Solid Liquid Contaminated Items

CONTENTS:

UNABBREVIATED Chemical Name(s)	Amount Volume, Percentage, or Concentration (appm)

Water _____ Balance _____

COLOR Colorless Light Brown Other _____

CONSISTENCY Waterylike Viscous/Oily Other _____

BIOLOGICAL & ANIMAL ITEMS:
 Biohazardous Agents _____

FOR EHS USE ONLY

TO BE COMPLETED AS WASTE IS ACCUMULATED AT POINT OF GENERATION
If material is hazardous, please check all hazards that apply:

IGNITABLE	CORROSIVE	TOXIC	REACTIVE
<input type="checkbox"/> Flammable Liquid <input type="checkbox"/> Flammable Gas <input type="checkbox"/> Flammable Solid <input type="checkbox"/> Oxidizer <input type="checkbox"/> Organic Peroxide	<input type="checkbox"/> Acid <input type="checkbox"/> Base	<input type="checkbox"/> Heavy Metal <input type="checkbox"/> Poison/Toxic	<input type="checkbox"/> Peroxide <input type="checkbox"/> Sulfide <input type="checkbox"/> Cyanide <input type="checkbox"/> Pyrophoric <input type="checkbox"/> Water Reactive <input type="checkbox"/> Organic Peroxide

Fill out location information immediately. Start Date begins upon first drop of waste added to container.

Use UNABBREVIATED chemical names of each material poured into container.

Record actual amounts of material added to container.

Check balance water as necessary. ****Amount of waste in container must match listed materials at all times****

Fill in when full or within 90 days

As waste is accumulated in container, identify all potential hazards by checking all boxes, as applicable.

Refer to EHS website, using this QR code, for more detailed instructions about Chemical Hygiene and Hazardous Waste training, as well as waste disposal.

