

Silica gel and other contaminated adsorbents

Contact Person: _____
Building & Room: _____
Phone #: _____

Listed contaminants - check any that apply

None of these apply

HAZARDOUS WASTE

- | | |
|--|--|
| <input type="checkbox"/> D004 Arsenic | <input type="checkbox"/> D024 m-Cresol |
| <input type="checkbox"/> D005 Barium | <input type="checkbox"/> D025 p-Cresol |
| <input type="checkbox"/> D006 Cadmium | <input type="checkbox"/> D026 Cresol |
| <input type="checkbox"/> D007 Chromium | <input type="checkbox"/> D027 1,4-Dichlorobenzene |
| <input type="checkbox"/> D008 Lead | <input type="checkbox"/> D028 1,2-Dichloroethane |
| <input type="checkbox"/> D009 Mercury | <input type="checkbox"/> D029 1,1-Dichloroethylene |
| <input type="checkbox"/> D010 Selenium | <input type="checkbox"/> D030 2,4-Dinitrotoluene |
| <input type="checkbox"/> D011 Silver | <input type="checkbox"/> D031 Heptachlor (and its epoxide) |
| <input type="checkbox"/> D012 Endrin | <input type="checkbox"/> D032 Hexachlorobenzene |
| <input type="checkbox"/> D013 Lindane | <input type="checkbox"/> D033 Hexachlorobutadiene |
| <input type="checkbox"/> D014 Methoxychlor | <input type="checkbox"/> D034 Hexachloroethane |
| <input type="checkbox"/> D015 Toxaphene | <input type="checkbox"/> D035 Methyl ethyl ketone |
| <input type="checkbox"/> D016 2,4-D | <input type="checkbox"/> D036 Nitrobenzene |
| <input type="checkbox"/> D017 2,4,5-TP (Silvex) | <input type="checkbox"/> D037 Pentachlorophenol |
| <input type="checkbox"/> D018 Benzene | <input type="checkbox"/> D038 Pyridine |
| <input type="checkbox"/> D019 Carbon tetrachloride | <input type="checkbox"/> D039 Tetrachloroethylene |
| <input type="checkbox"/> D020 Chlordane | <input type="checkbox"/> D040 Trichloroethylene |
| <input type="checkbox"/> D021 Chlorobenzene | <input type="checkbox"/> D041 2,4,5-Trichlorophenol |
| <input type="checkbox"/> D022 Chloroform | <input type="checkbox"/> D042 2,4,6-Trichlorophenol |
| <input type="checkbox"/> D023 o-Cresol | <input type="checkbox"/> D043 Vinyl chloride |

Total amount in container (volume): _____
Date full: _____

You must notify EHS for pickup on fill date: www.ehs.ku.edu

For EHS use only: Job # _____
Date Bulked _____ Drum # _____
Volume Bulked _____ Entry # _____

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