



Contact Person:	Contact Number:	School/Unit:	Building	Location of Waste (Room Number):	Date:	Page No:	Total No Pages:
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Chemical, Technical or Trade Name	Physical State [a]	Volume of Container [b]	Number of Containers	Container Condition [c]	Container Material [d]	Gross Weight [e]

Are there any sharps or broken glass present for disposal? YES NO.

If there is not enough room, please use supplementary form and attach.

[a] Physical State is Solid or Liquid [b] Volume In Litres [c] Condition is Good or Poor [d] Material is Glass, Plastic or Metal [e] Weight In Kilograms

Note: If you are disposing of radioactive waste that has an activity less than that described in Schedule 1 of the Radiation Control Regulation you must complete and attach the Isotopic Declaration Form

Please fax completed form to 9385 2365. If you have any questions please phone Martina Lavin (OHS Coordinator) 9385 2914