



LAB PACK INVENTORY SHEET

PAGE: ___ OF ___

DRUM No: _____

SPECIAL DISPOSAL REQUIREMENTS

CONTAINER

INCINERATION ONLY
 USA ONLY
 NO LANDFILL
 OTHER:

GENERATOR: _____

MANIFEST No: _____ LINE

UN/NA: _____

PG _____

DOT SHIPPING NAME: _____

No.	WASTE CHEMICAL NAME	WASTE CODE(S)	QUANTITY	SIZE	PHASE

I certify, based on the generator information provided, the above materials are packaged according to applicable DOT and EPA regulations and does not contain >50ppm PCBs, Radioactive, or Infectious materials.

NAME: _____ SIGNATURE: _____ DATE: _____