1. **WASTE GENERATOR’S PARTICULARS** Mandatory at (*).  
- **NAME**  
- **DATE**  
- **MATRIC NUMBER / ID NUMBER**  
- **LABORATORY NAME**  
- **LABORATORY ROOM NO.**  
- **FACULTY / DEPARTMENT**  
- **MOBILE PHONE / EXT.**  
- **E-MAIL**  
- **SIGNATURE**  

I, hereby have known the process of disposing scheduled waste and have given the correct information upon submission. I have ensured to label and separate the scheduled wastes as requested by SW Officer.

2. **SCHEDULED WASTE’S PARTICULARS** Mandatory at (*).  

Please use *attachment* for more scheduled wastes.

<table>
<thead>
<tr>
<th>NO.</th>
<th><em>WASTE NAME AND COMPOSITIONS</em></th>
<th><em>TYPE</em></th>
<th><em>PACKAGING</em></th>
<th><em>QUANTITY</em></th>
<th>WEIGHT (kg)</th>
<th>SW CODE</th>
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**NOTE:**  
- **TYPE**  
  - S – Solid  
  - L – Liquid  
  - G – Gas  
  - U – Sludge  
- **PACKAGING**  
  - BD – Bunghole Drum  
  - TD – Open Top Drum with Cover and Clamp  
  - BC – Intermediate Bulk Container  
  - JC – Jerrican / Carboy / Container / Bottle  
  - CW – Clinical Waste Container  
  - CB – Corrugated / Carton Box  
  - FJ – Flexible Intermediate Bulk Container / Jumbo Bags  

3. **APPROVAL** Office Use Only.  

**SW OFFICER REMARKS:**

Date of delivery: ___________________

Name: ___________________________

Date: ___________________________

Stamp: __________________________

4. **SUBMISSION BY APPLICANT (*)**

I, hereby have delivered the scheduled waste safely with the presence of the Disposal Officer.

Date of delivery: ___________________

Name: ___________________________

Stamp: __________________________

5. **ENDORSEMENT BY DISPOSAL OFFICER (*)**

I, hereby have received the scheduled waste by the waste generator, then weighted and stored in a safe manner.

Date of receiving: ___________________

Name: ___________________________

Stamp: __________________________
## 2. SCHEDULED WASTE’S PARTICULARS

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## 3. APPROVAL

Office Use Only.

## 4. SUBMISSION BY APPLICANT (*)

I, hereby have delivered the scheduled waste safely with the presence of the Disposal Officer.

Date of delivery: ________________

Name: ____________________________

Date: ____________________________

Stamp: ____________________________

## 5. ENDORSEMENT BY DISPOSAL OFFICER (*)

I, hereby have received the scheduled waste by the waste generator, then weighted and stored in a safe manner.

Date of receiving: ________________

Name: ____________________________

Stamp: ____________________________