| UTM UNIVERSITI TEKNOLOGI MALAYSIA | **CHEMICAL MANAGMENT UNIT (CMU)** UTM KUALA LUMPUR | **FORM** | UTM.K.09.16/SW/2019/3 **SCHEDULED WASTES DISPOSAL FORM** |
|---|---|---|---|
| | | **COPY** | CMU / WASTE GENERATOR |

**READ FIRST:**

1. All information provided in this form must be **TRUE** upon submission.
2. Please fill up the form in **ONE (1) copy** for each application.
3. Please provide **Safety Data Sheet (SDS)** together with this form during submission.
4. Please read and understand **Standard Operating Procedure for Scheduled Wastes Disposal** carefully before fill up this form.
5. Kindly contact SW Officer at +603-2615 4974 or cmukl@utm.my for any inquiry.

| **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 *attachement* for more scheduled wastes.* | | | | | **Disposal Officer & Waste Generator** | **SW Officer** |
|---|---|---|---|---|---|---|
| **NO.** | ***WASTE NAME AND COMPOSITIONS** | ***TYPE** | ***PACKAGING** | ***QUANTITY** | **WEIGHT (kg)** | **SW CODE** |
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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.* | **4. SUBMISSION BY APPLICANT (*)** | **5. ENDORSEMENT BY DISPOSAL OFFICER (*)** |
|---|---|---|
| **SW OFFICER REMARKS:**<br>_____<br>_____<br>_____<br>_____<br><br>_____<br>Name:<br>Date:<br>Stamp: | I, hereby have delivered the scheduled waste safely with the presence of the Disposal Officer.<br><br>Date of delivery: _____<br><br>_____<br>Name: | I, hereby have received the scheduled waste by the waste generator, then weighted and stored in a safe manner.<br><br>Date of receiving: _____<br><br>_____<br>Name:<br>Stamp: |

***THIS FORM SHALL BE PRINTED ON BLUE PAPER***

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|---|---|---|---|
| | | **COPY** | CMU / WASTE GENERATOR |

**ATTACHMENT**

| **2. SCHEDULED WASTE'S PARTICULARS** *Mandatory at (*).* | | | | | **Disposal Officer & Waste Generator** | **SW Officer** |
|---|---|---|---|---|---|---|
| **NO.** | ***WASTE NAME AND COMPOSITIONS** | ***TYPE** | ***PACKAGING** | ***QUANTITY** | **WEIGHT (kg)** | **SW CODE** |
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