**CHEMICAL MANAGEMENT UNIT**

**UNIT (CMU)**

**UTM KUALA LUMPUR**

**FORM**

**SCHEDULED WASTES DISPOSAL FORM**

**COPY**

**CMU / WASTE GENERATOR**

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**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.

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### 1. WASTE GENERATOR'S PARTICULARS Mandatory at (*).

<table>
<thead>
<tr>
<th><strong>NAME</strong></th>
<th><strong>DATE</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>MATRIC NUMBER / ID NUMBER</strong></td>
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<tr>
<td><strong>LABORATORY NAME</strong></td>
<td><strong>LABORATORY ROOM NO.</strong></td>
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<td><strong>FACULTY / DEPARTMENT</strong></td>
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<td><strong>MOBILE PHONE / EXT.</strong></td>
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<td><strong>E-MAIL</strong></td>
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<tr>
<td><strong>SIGNATURE</strong></td>
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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.

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### 2. SCHEDULED WASTE'S PARTICULARS Mandatory at (*).

Please use "attachment" for more scheduled wastes.

<table>
<thead>
<tr>
<th><strong>NO.</strong></th>
<th><strong>WASTE NAME AND COMPOSITIONS</strong></th>
<th><strong>TYPE</strong></th>
<th><strong>PACKAGING</strong></th>
<th><strong>QUANTITY</strong></th>
<th><strong>WEIGHT (kg)</strong></th>
<th><strong>SW CODE</strong></th>
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</thead>
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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

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### 3. APPROVAL Office Use Only.

**SW OFFICER REMARKS:**

___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

Name: ___________________________  Date: ___________________________

**Stamp:**

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### 4. SUBMISSION BY APPLICANT (*)

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

Date of delivery: _______________________

Signature: ___________________________

---

### 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:**

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

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

<table>
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3. APPROVAL Office Use Only.  
4. SUBMISSION BY APPLICANT (*)  
5. ENDORSEMENT BY DISPOSAL OFFICER (*)

**SW OFFICER REMARKS:**

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

Date of delivery: ___________________

Name: ____________________________

Stamp: ____________________________

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

Date of receiving: ___________________

Name: ____________________________

Stamp: ____________________________

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