

AUTOCLAVE WASTE TREATMENT LABEL

Northeastern University
Office of Environmental Health & Safety
170 Cullinane Hall
Boston, Massachusetts 02115
(617) 373-2769
<http://www.ehs.neu.edu>

Investigator: _____ Phone #: _____

Dept: _____ Room # / Bldg: _____

**The contents of this bag have been treated
and now meet the requirements for disposal as a
non-hazardous solid waste.**

Signature: _____	Date: _____
------------------	-------------

AUTOCLAVE WASTE TREATMENT LABEL

Northeastern University
Office of Environmental Health & Safety
170 Cullinane Hall
Boston, Massachusetts 02115
(617) 373-2769
<http://www.ehs.neu.edu>

Investigator: _____ Phone #: _____

Dept: _____ Room # / Bldg: _____

**The contents of this bag have been treated
and now meet the requirements for disposal as a
non-hazardous solid waste.**

Signature: _____	Date: _____
------------------	-------------

AUTOCLAVE WASTE TREATMENT LABEL

Northeastern University
Office of Environmental Health & Safety
170 Cullinane Hall
Boston, Massachusetts 02115
(617) 373-2769
<http://www.ehs.neu.edu>

Investigator: _____ Phone #: _____

Dept: _____ Room # / Bldg: _____

**The contents of this bag have been treated
and now meet the requirements for disposal as a
non-hazardous solid waste.**

Signature: _____	Date: _____
------------------	-------------

AUTOCLAVE WASTE TREATMENT LABEL

Northeastern University
Office of Environmental Health & Safety
170 Cullinane Hall
Boston, Massachusetts 02115
(617) 373-2769
<http://www.ehs.neu.edu>

Investigator: _____ Phone #: _____

Dept: _____ Room # / Bldg: _____

**The contents of this bag have been treated
and now meet the requirements for disposal as a
non-hazardous solid waste.**

Signature: _____	Date: _____
------------------	-------------