THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: WIGINTON	Department: CHEMISTRY
Building: COULTER	Room #: 8 STOCKROOM
Physical State: LIQUID & SOLID	Phone #: -1553

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
"SEE BACK"		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John Z. Wiginton 3-3-2010

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

Concentrated HCl, Zinc Chloride, 2-propanal, 2-propanol, 2-methyl-2-propanol, 2-butanol, 1-butanol, sodium carbonate, 3,5-dinitrobenzoyl chloride, 4-dimethylamino pyridine — 750mL

Sodium nitrate, hydrochloric acid, Sodium carbonate, ammonium Chloride, silver nitrate, Sodium acetate, sodium sulfide, copper Sulfate, Sulfuric acid, cadmium chloride, lead nitrate, barium Chloride, sodium hydroxide, potassium chloride, nickle chloride — 24L

Potassium iodate, sodium thiosulfate, potassium nitrate, ethylene dinitrilotetraacetic acid disodium salt, starch solution (1%), Ammonium Persulfate — 5L

Potassium chloride, Barium chloride, Sodium Phosphate, Silver Nitrate, Nickel chloride, Sodium Sulfide, cadmium chloride, Sodium Acetate, lead Nitrate, Copper (II) sulfate, sodium nitrate, sulfuric Acid, Ammonium chloride, sodium hydroxide, Hydrochloric Acid, sodium carbonate — 5L

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naphthalene, cyclohexane, magnesium nitrate, benzophenone, methylene chloride, hexane — ~~23L~~ 27L

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	WILGINTON	Department:	CHEMISTRY
Building:	COULTER	Room #:	B STOCKROOM
Physical State:	LIQUID	Phone #:	1553

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
See Back		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John T Wilginton 3-4-2010

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

Sulfuric Acid, Nitric Acid, Acetone, Methanol, Sodium Hydroxide, Hydrochloric Acid — 6 qt

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Nitric Acid, Mossy Tin — 6 L

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Wigington	Department: Chemistry
Building: Coulter	Room #: 244
Physical State: Liquid, Solid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Magnesium Metal Iron III Oxide		
Magnesium Oxide Iron III hydroxide		
Magnesium hydroxide		
Calcium Metal		
Calcium Oxide		
Calcium hydroxide		
Carbon		
Carbonic Acid		
Iron Metal		18.5 L

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Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Acetone
Benzaldehyde
4-Methoxybenzaldehyde
4-Methyl Benzaldehyde
Sodium Hydroxide
Ethanol
Total: 4 L

Dichloromethane, Caffeine
Ethanol, Ibuprofen
Ethyl Acetate, Salicylamide
~~Acetate~~
Acetic Acid
Aspirin Total 3 L

Acetone
Chromium VI oxide
Sulfuric Acid
Ethanol
Potassium permanganate
2,4-dinitrophenylhydrazine
1-Butanol
Butanal
2-Butanone
Butylamine
1-Chloropropane
2-methyl-2-Butene
propanoic Acid
Total: 4L

Copper II Sulfate
Aluminum Sulfate
Concentrated Sulfuric Acid Total 1.5 L

Dichloromethane, Sucrose
Acetanilide, Sodium Bicarbo
Phenacetin
Aspirin Total: 2 L

methanol, Ethanol
Quinhydrane, Sodium hydroxide
Sodium Acetate, hydrochloric Acid
Acetic Acid
toluene Sulfonyl Chloride
Total: 2 L

Acetic Anhydride, anisole
Aluminum Chloride, Sodium chloride
Calcium Chloride, Sodium hydroxide
Petroleum ether, dichloromethane
Magnesium Sulfate
Total: 2.5 L

Benzophenone, Sodium Chloride
Bromo Benzene, Sodium bicarbonate
Calcium Chloride, Magnesium Sulfate
hydrochloric Acid, Magnesium Turnings
diethyl Ether, hexanes, ethanol
Total: 2.5 L

Ammonium Peroxydisulfate
Total: 8 L

Silver Nitrate
Total: 2.5 L

Sulfuric Acid, Hydrochloric Acid
Sodium Sulfate, Sodium Nitrate
Sodium Chloride, Sodium Iodide
Barium Chloride, Iron II Sulfate
Silver Nitrate, mineral oil
Total: 7 L

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Wigintun	Department: Chemistry
Building: Coulter	Room #: 244
Physical State: Liquid, Solid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium Bromide		
Barium Chloride		
Sodium Sulfate		
Ammonium Chloride		
Lead II Nitrate		
Potassium Chlorate		
Sodium hydroxide		
		20 L

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Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

SulFuric Acid
Sodium Iodide
Sodium Bromide
Sodium Chloride
Sodium Nitrate
Fenol SulFate
Barium Chloride
HydroChloric Acid
Silver Nitrate
Mineral Oil

Total: 4 L

Potassium Chromate, metal Oxide
Sodium Nitrate, SulFuric Acid
Silver Nitrate
Ammonium hydroxide, Sodium Bicarbonate
Nitric Acid, hydrochloric Acid
Sodium hydroxide, 2-Butanol
2-Butanone, 1-Butanol
2-Furaldehyde, 2-heptanone
cycloheptane, Octanol

Total: 4 L

pump oil

Total: 1L

Hexane, SulFuric Acid, Methanol, Acetic Acid
Napthalene, cyclohexane, ethanol, Trans-cinnanic Acid
Nitric Acid, toluene, Bromine

Total: 4 L

Potassium Permagnate
Cyclohexane
Cyclohexene
Turpentine
1-Octene
mineral oil
Canola oil
Petroleum ether
Toluene
Pyridinium Bromide

Total: 2 L

Aluminum Nitrate, Ferric nitrate
Aluminum SulFate, Ferrous SulFate
Ammonium chloride, Magnesium Carbonate
Ammonium Nitrate, Magnesium Nitrate
Barium Chloride, Nickel Nitrate
Barium hydroxide, Nickel SulFate
Chromium Nitrate, Potassium Bromide
Calcium Carbonate, Silver Nitrate
Sodium Carbonate, Sodium Bromide
Calcium Nitrate, Sodium Nitrate
Sodium Chloride, Sodium SulFate
Sodium Iodide, Zinc Nitrate
Zinc SulFate

Total: 1.5 L

pararosaniline hydrochloride, O-Tolualdehyde
Sodium hydrogen SulFate, cycloheptanone
hydrochloric Acid, 2-heptanone.
2-Butanone
Octanol
2-Furaldehyde

Total: .5 L

Magnesium Nitrate Hexchydrate
Benzophenone
Napthalene
Toluene
Ethanol
Hexanes
Cyclohexane
Methylene Chloride
Total = 4 Liters

Sodium Acetate
Zinc Chloride
Ammonium Hydroxide
Potassium Aluminum Sulfate
Sodium Carbonate
Hydrochloric Acid
Acetic Acid
Sodium Hydroxide
Phenolythialein
Total = 12 Liters

Manganese Sulfate Monohydrate
Malonic Acid
Potassium Iodate
Hydrogen Peroxide
Sulfuric Acid
Total = 8 Liters

Manganese Sulfate Monohydrate
Potassium Iodate
Malonic Acid
Hydrogen Peroxide
Total = 4 Liters

Potassium Chromate
Sodium Nitrate
Silver Nitrate
Total = 8 Liters

Potassium Chloride, Copper Sulfate
Barium Chloride, Sodium Nitrate
Sodium Phosphate, Sulfuric Acid
Silver Nitrate, Ammonium Chloride
Nickel Chloride, Sodium Hydroxide
Sodium Sulfide, Sodium Carbonate
Cadmium Chloride, Sodium Acetate
Hydrochloric Acid, Lead Nitrate
Total = 16 Liters

Lead Nitrate
Copper Nitrate
Tin Chloride
Total = 20 Liters

Manganese Sulfate Monohydrate
Malonic Acid
Potassium Iodate
hydrogen Peroxide
Sodium Thiosulfate
Sulfuric Acid
Total = 4 Liters

Copper wire, Sodium hydroxide
Sulfuric Acid, Nitric Acid
Methanol, Acetone
Hydrochloric Acid, Zinc
Total = 16 Liters

~~Sulfuric Acid~~ Total = 4 Liters VFW

Zinc Chloride
Total = 8 Liters

Strotium Nitrate Total = 4. Liters

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Wiginton	Department: Chemistry
Building: Coulter	Room #:
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Silver Nitrate		
Nitric Acid		
Hydrochloric Acid		
Ammonia		
Copper Sulfate		
Nickel Chloride		
Cobalt Chloride		
Potassium Iodate		
Sodium Carbonate		
		17 Liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry
Building: Coulter	Room #: 406
Physical State: Liquid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		5 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka — 12/14/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112A
Physical State: SOLVENT MIX UM-1	Phone #: 662 915 12 33

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
WATER	34	
ACETONITRILE	30	
METHANOL	30	
ETHANOL	5	
TFA	1	
TOTAL	100%	5 Gallons X 1

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

12/13/10
Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112B
Physical State: SOLVENT MIX UM-1	Phone #: 6629151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Water	30	
Acetonitrile	34	
Methanol	30	
Ethanol	5	
TFA	1	
TOTAL	100%	5Gallons X 2

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Signature of Supervisor — Date: 12/13/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Daneel Ferreira	Department: pharmacognosy
Building: FASER	Room #: 432
Physical State: Liquid	Phone #: 662-915-2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hazardous waste solvent		20L
TOTAL		20L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

DFerreira 12/15/10

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seongbong Jo	Department: Pharmaceutics
Building: Faser hall	Room #: 102
Physical State: Solvent mix	Phone #: 662) - 915 - 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Petroleum ether	20	
2 - propanol	15	
ethyl ether	20	
Acetone	15	
Hexane	15	
Dichloromethane	15	
TOTAL	100	

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Signature of Supervisor — Date 12/2/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Solid and liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Nitric acid	50%	
sodium bisulfite	2%	
Ammonium peroxydisulfate	5%	
Potassium permanganate	12%	
Steel	3%	
Phosphoric acid	15%	
Potassium iodate	1%	
Water	12%	

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Amala Dass — Nov 1, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hydrochloric acid	4%	
Sodium carbonate	5%	
Soda ash	5%	
Acetic acid	4%	
Sodium hydroxide	4%	
pH buffer 4	1%	
pH buffer 7	1%	
Water	76%	

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Amala Dass — Oct 21, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: BHARATHI NAGULA	Department: NCNPR
Building: NCNPR	Room #: B085
Physical State: LIQUID	Phone #: 6969

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
SOLVENT MIX VM-1		5L
TOTAL		5L

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Bharathi — 17 NOV. 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Daneel ferreira	Department: pharmacognosy
Building: FASER	Room #: 432
Physical State: liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hazardous Solvent waste		20 L
TOTAL		20L

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D Ferreira — 11/17/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl Acetate	50	
Methanol	25%	
Chloroform	25%	
		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 11/15/2010

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl Acetate	75%	
Methanol	25%	
		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

11/15/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl Acetate	10%	
Methanol	25%	
Chloroform	10%	
Acetonitrile	5%	
Dichloromethane	40%	
Acetone	10%	
		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

11/15/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry & Biochemistry
Building: Coulter	Room #: 406
Physical State: Liquid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		10 gallons
		10 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka 11/15/2010

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Toothpaste	4%	
Sodium Fluoride	4%	
Total Ionic Strength Adjustment Buffer (TISAB)	~~92%~~ 92 %	
TISAB Components below from MSDS:		
Water (84%); Sodium acetate (10%);		
Sodium chloride (5%);		
2-Bromo-2-nitro-1,3-propanediol (0.03%);		
1,2-Cyclohexylene dinitrilotetraacetic acid (0.4%);		
Polyvinyl pyrrolidone (0.2%)		
	100%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Amala Dass — Nov 15, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium citrate	7%	
Hydroquinone	15%	
o-phenanthroline	9%	
Vitamin tablet	10%	
hydrochloric acid	10%	
Iron solution (Fe(NH4)2(SO4)2.6H2O	2%	
Water	47%	
	100%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

A Amalodass — NOV 5, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Solid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Mercury in Mercury-absorbent sponge		1 sponge

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

A Amala Dass — NOV 15, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry & Biochemistry
Building: Coulter Hall	Room #: 357
Physical State: Liquid	Phone #: 662-915-7605

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix UM-1		2CL
		2CL

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 11-8-10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry and Biochemistry
Building: Coulter	Room #: 406
Physical State: Liquid and Solid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		10 gallons
Solid Waste (silica gel)		1 gallon

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka — 11/8/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: D. Ferreira	Department: pharmacognosy
Building: Faser Hall	Room #: 432
Physical State: Liquid	Phone #: 915-2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix - UM.1 x 2	100	20 L
TOTAL		~~20 L~~ 40L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

D Ferreira — 11/05/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Bonnie A. Avery	Department: pharmaceutics
Building: Faser hall	Room #: 103
Physical State:	Phone #: 662 915 7616

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Water	60	
Acetonitrile	20	
Methanol	20	
	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Bonnie Avery

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Bonnie A. Avery	Department: pharmaceutics
Building: Faser Hall	Room #: 103
Physical State:	Phone #: 662 915 7616

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Water	60	
Acetonitrile	20	
Methanol	20	
	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Bonnie Avery 11/8/10.

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 354 & 355
Physical State: liquid	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Faser 329 — Solvent MIX - UM 1	100	1
Solvent MIX - UM-1	100	1
TOTAL	100	2

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John M Rimoldi — 04 Nov 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: liquid	Phone #: 915-1066/915-1016

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetic Acid	?	?
Acetyl Bromide	?	?
Hydroxylamine	?	?
		1 liter

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/13/10

DATE RECEIVED DHS:	CONTROL #:

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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: liquid	Phone #: 915-1066/915-1016

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	9%	1.5 liters
Water	18%	3 liters
Acetonitrile	9%	1.5 liters
Acetone	21%	3.5 liters
Ethyl Acetate	38%	6.5 liters
Chloroform	2%	350 ml
DMSO	6%	1 liter
	100%	17 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/13/10

DATE RECEIVED DHS:	CONTROL #:

10/13/2010 14:11 6629157062 NCNPR 2ND FLOOR PAGE 03/04

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: liquid	Phone #: 915-1066/915-1016

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	10%	500 ml
Water	60%	3 liters
Phosphoric Acid	30%	1.5 liters
	100%	5 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/13/10

DATE RECEIVED DHS:	CONTROL #:

FORM: DHS-004 http://www.olemiss.edu/depts/safety/ Rev. 04/10

10/13/2010 14:11 6629157062 NCNPR 2ND FLOOR PAGE 02/04

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: liquid	Phone #: 915-1066/915-1016

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	45%	1.8 liters
Water	45%	1.8 liters
Acetic Acid	10%	400 ml
	100%	4 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

10/13/10
Date

DATE RECEIVED DHS:	CONTROL #:

FORM: DHS-004 http://www.olemiss.edu/depts/safety/ Rev. 04/10

10/13/2010 14:11 6629157062 NCNPR 2ND FLOOR PAGE 01/04

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Daneel Ferreira	Department: Pcog
Building: Faser	Room #: 432
Physical State: Liquid	Phone #: 915-2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		20L
TOTAL		20L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

DFerreira — 10/18/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Daniel Ferreira	Department: Pcog
Building: Faser	Room #: 432
Physical State: Liquid	Phone #: 915-2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		20L
TOTAL		20L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

DFerreira — 10/25/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: D. Ferreira	Department: Pcog
Building: Faser	Room #: 432
Physical State: Liquid	Phone #: 2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
UM 1 Solvent Mix	100%	2
TOTAL		2

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

D Ferreira — 10/28/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAELA. Repka	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 A
Physical State: SOLVENT MIX UM-1	Phone #: 662 915 1233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
METHANOL	40	
ACETONITRILE	50	
WATER	6	
TEA	2	
TFA	2	
TOTAL	100%	20 litres

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 9/29/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Lucien Cremaldi	Department: Physics and Astronomy
Building: Lewis Hall	Room #: 201
Physical State: liquid	Phone #: 5311

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetone (old)		1 l (50% full)
Turpentine (old)		8 oz (15% full)
Unknown (old) Enthanol??		1/2 l (75% full)
Paint Thinner (old)		1/2 l (10% full)

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10-28-10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry & Biochemistry
Building: Coulter	Room #: 406
Physical State: Liquid and Solid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		~~10~~ 15 gallons
Solid Waste (silica gel & drying agent)		1 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka — 10/20/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: David E. Wedge	Department: USDA
Building: NPC	Room #: 2025
Physical State: liquid	Phone #: 915-1069

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
MTT (Thiazolyl blue tetrazolium bromde phosphate solution	waste	1 4L glass container
Approx 300 ml in bottom of container		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

David E Wedge — Signature of Supervisor

10-19-10 — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: James G. Vaughan	Department: Mechanical Engineering
Building: Carrier Hall	Room #: 123
Physical State:	Phone #: 662-915-5485

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
VinylEster Resin 700-2010		5 gal.
Accelacure PT 2000R		1.5 gal.
Epon Resin 9310		5gal.
AU-12517.00 Experimental Organic		4.5 gal.
XR-1469 Resin Solution		5 gal.

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

James G. Vaughan — 18 Oct 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. BELKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 B
Physical State: SOLVENT MIXTURE-1	Phone #: 662.915.1233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	20	
Acetonitrile	40	
Water	30	
TFA	5	
TEA	5	
TOTAL	100 /-	20 Litres

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10-15-2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAELA REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 A
Physical State: SOLVENT MIX UM 1	Phone #: 6629151283

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Water	20	
Methanol	50	
Acetonitrile.	25	
TFA	5	
		40
TOTAL	100%	80 Litres

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10-15-2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: liquid	Phone #: 915-1066/915-1016

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	45%	1.8 liters
Water	45%	1.8 liters
Acetic Acid	10%	400 ml
	100%	4 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/13/10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: liquid	Phone #: 915-1066/915-1016

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	9%	1.5 liters
Water	18%	3 liters
Acetonitrile	9%	1.5 liters
Acetone	21%	3.5 liters
Ethyl Acetate	38%	6.5 liters
Chloroform	2%	350 ml
DMSO	6%	1 liter
	100%	17 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/13/16

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: old Power Plant	Room #: 104
Physical State: ~~liquid~~ Solid	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
tips, tubes, gloves, paper towel,		
etc that have been contaminated		
with benzo(a)pyrene		
TOTAL		<50lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/11/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kevin Schrader	Department: USDA
Building: TCRC	Room #: 2045
Physical State: Liquid	Phone #: 662-915-1823 (Lab)

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
0.9% Congo Red Dye		300 mL
0.9% Congo Red Dye Waste		200 mL
SDS in DMF		200 mL
		700 mL

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Kevin K. Schrader — Signature of Supervisor

10-14-10 — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #:
Physical State:	Phone #: 915 - 7612

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
water	45 %	
methylene chloride	40 %	
hexane	5 %	
ethanol	5 %	
methanol	5 %	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/14/10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Solid and liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium thiosulfate	4%	
Sodium carbonate	0.5%	
Potassium iodate	1%	
Potassium iodide	8%	
Hydrochloric acid	3%	
Nitric acid	10%	
Ammonium hydroxide	8%	
Ammonium bifluoride	5%	
Potassium thiocyanate	5%	
soluble starch (for starch indicator)	1%	
Water	54.5%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

A Malers — Oct 12, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Amal Dass	Department: Chemistry
Building: Coulter Hall	Room #: 444
Physical State: Liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Brass	5	
12M Nitric Acid	10	
Water	75	
Tin Oxide (SnO2)	5	
Ammonium Hydroxide	5	
	100%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor A Amalins Date Oct 11, 2010

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Waxler (Brown)	Department: NCPA
Building: NCPA	Room #: 1072
Physical State:	Phone #: 6547

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
unknown material (suspected oil)		
Sodium Carbonate		
3-Aminophthalhydrazide 97%		
Zeolite		
Sodium Hydroxide		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 10/11/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA
Building: Natural Products	Room #: 2011
Physical State: Liquid	Phone #: 1066, 1039

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	80%	5.5 liters total
water	20%	
0.1%TFA		
	100	5.5 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 9/29/10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Tomioka	Department: Chemistry & Biochemistry
Building: Coulter	Room #: 406
Physical State: Liquid and Solid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix-UM-1		10 gallons
Solid Waste (silica gel & drying agent)		5 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Tohashi Tomioka — 9-28-2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

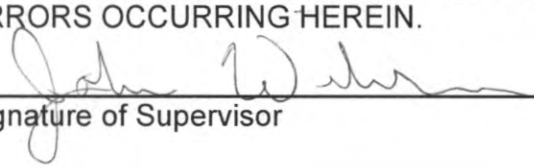
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl acetate	100 %	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.



Signature of Supervisor — Date: 9/27/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

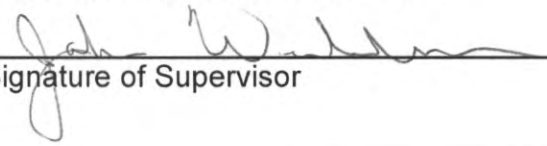
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl acetate	100 %	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.



Signature of Supervisor — Date: 9/27/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes	15 %	
Methanol	10%	
Chloroform	40%	
Ethyl acetate	30%	
Acetone	5%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John Williamson 9/27/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 444
Physical State: Liquid and solid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Barium chloride (BaCl2)	5 %	
0.1M Silver nitrate	1%	
Hydrochloric acid	3%	
Barium sulfate	5%	
Nitric acid	1%	
Sulfate	5%	
Calcium sulfate	5%	
Water	75%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Amala

Signature of Supervisor

Sep 22, 2010

Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 354 & 355
Physical State: Liquid	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Faser 329 – Solvent mix UM-1	100	1
Faser 329 – Solvent mix UM-1	100	1
Faser 355 – Solvent mix UM-1	100	1
TOTAL	100	3

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John M Rimoldi — Sept. 13. 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Khan	Department: NPC
Building: TCRC	Room #: 2058
Physical State:	Phone #: 5930

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methylmagnesium iodide	3M	100ml
Toluenesulfonic acid monohydrate	99%	<100g
Hydrogen bromide	30wt%	100ml
Boron tribromide	1M	<100ml

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Shabana Khan 9-8-10

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes	25 %	
Methanol	25%	
Dichloromethane	25%	
Ethyl acetate	25%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John Williamson 9/9/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes	15 %	
Methanol	10%	
Chloroform	40%	
Ethyl acetate	30%	
Acetone	5%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John L Williamson 9/9/2010

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl acetate	75%	
Methanol	25%	
TOTAL		5 gal

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John Williamson — 9/9/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. SLATTERY	Department: Pcog
Building: Faser	Room #: 408
Physical State: Liquid	Phone #: 1706

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mixture		
TOTAL		20L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor _____ Date 9/8/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Keith Hollis	Department: Chemistry
Building: Coulter Hall	Room #: 402
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetone	90%	10 gal total mix
DMSO	5%	
Acetonitrile	5%	
		10 gal total

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

T. K. Hollis — 9-7-10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amal Dass	Department: Chemistry
Building: Coulter Hall	Room #: 444
Physical State: LIQUID + SOLID	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
0.2M Silver Nitrate	60%	
Silver Chloride	25%	
Sodium Bicarbonate	5%	
Calcium Carbonate	5%	
Potassium Cromate	5%	
	100%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

A Amal Dass — Sep 2, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Ferreira	Department: Pcog
Building: Faser	Room #: 432
Physical State: Liquid	Phone #: 915-2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UN-1		20L
TOTAL		20L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

W Ferreira — 8/25/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Paul Dakin	Department: NCPA
Building: NCPA Machine Shop	Room #: 1156
Physical State: liquid	Phone #: 5664

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
High Dielectric Strength Electric Discharge Machining Fluid		55 gallons
		55 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Paul Dakin Patrick Braun 8-20-10

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Daneel Ferreira	Department: Pharmacognosy
Building: Faser	Room #: 432
Physical State: Solids + Liquids	Phone #: 915-2013

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium borohydride	98%	100 g
Hydroxylamine hydrochloride	98%	100 g
p-Anisoyl chloride	99%	< 100 g
Succinic anhydride	99%	< 50 g
Sodium cyanoborohydride	95%	10 g
2-Methyl-2-nitropropane	99%	25 g
See Back TOTAL		

See Back

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

D Ferreira — 01·21·2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

Chemical Component	%	g
Tetrakis(triphenylphosphite)nickel(0)	–	5g
Mercury(II) perchlorate hydrate	98%	25g
Titanocene dichloride	97%	10g
4-Bromobenzoyl chloride	98%	10g
4-Bromobenzoyl chloride	98%	10g
Hexylamine	99%	<5mL
Methyl 4-formylbenzoate	99%	5g
Chloramine T	–	250g
→ NBS (N-Bromosuccinimide?) Paper label on Bm Bottle		~250g
Tris(dibenzylideneacetone)dipalladium(0)		500mg
Sodium bisulfite	–	100g
Aluminum chloride	–	100g
tert-Butyldimethylsilyl chloride	99%	5g
Boron tribromide	99%	<100g
Lead acetate	–	~10g
p-Toluenesulfonic anhydride	97%	5g
Calcium hydride (?) lumps (tape label = CaH)		~100g
x2 Copper Bromide (label on top = CuBr) glass vials		~5g each
Lithium (tape label - granules)		~5g

chemical component	%	g
Salicylaldehyde	98%	2g
Pyridinium chlorochromate	98%	100g
Hydroxylamine hydrochloride	98%	100g
Crotonaldehyde	99%	100mL
Sodium bromide	99%	500g
tert-Butyl magnesium chloride	—	<100mL
Polyphosphoric acid	—	<1kg
p-Anisoyl chloride	99%	100g
trimethyl orthoformate	99%	100mL
Sodium tert-butoxide	97%	100g
Piperidine	99.5%	100mL
Tetrahydrofuran	99.9%	100mL
Benzyl bromide	98%	100g
Benzyl bromide	98%	100g
N-Bromosuccinimide	—	100g
Methyl (triphenylphosphoranylidene) acetate	98%	25g
Ammonium acetate	99%	50g
2,2-Diphenyl-1-picrylhydrazyl	95%	1g
Santonine NF	—	10g
Sodium ethanethiolate	80%	10g

Continued on next page

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEA. REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112B
Physical State: UM-1 SOLVENT MIX	Phone #: 6629151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
METHANOL	50	
ACETONITRILE	40	
FORMIC ACID	5	
WATER	5	
TOTAL	100%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 8-10-10

DATE RECEIVED DHS:	DHS TRACKING #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FABER HALL	Room #: 112A
Physical State: UM-1 SOLVENT MIX	Phone #: 662 915 1233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
METHANOL	40	
ACETONITRILE	40	
WATER	15	
FORMIC ACID	5	
	2	
TOTAL	100 %	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 8-10-10

DATE RECEIVED DHS:	CONTR

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DANIELL MATTERN	Department: Chemistry
Building: Coulter	Room #: 45
Physical State:	Phone #: 915-5335

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Mineral oil		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Daniell Mattern — Signature of Supervisor

8/18/10 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DANIELL MATTERN	Department: Chemistry
Building: Coulter	Room #: 45
Physical State:	Phone #: 915-5335

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Mercury waste		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Daniell Mattern — Signature of Supervisor

8/18/10 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S. Narasimha Murthy	Department: Pharmaceutics
Building: FACER HALL	Room #: 104
Physical State: LIQUID	Phone #: 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	40	
Acetonitrile	40	
Isopropyl Alcohol	15	
Ethyl Acetate	5	
TOTAL	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

S. N. Murthy — Signature of Supervisor

08/06/2010 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S. Narasimha Murthy	Department: Pharmaceutics
Building: FACER HALL	Room #: 104
Physical State: LIQUID	Phone #: 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	40	
Acetonitrile	40	
Isopropyl Alcohol	15	
Ethyl Acetate	5	
TOTAL	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

S.N.Murthy
Signature of Supervisor

08/06/2020
Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry & Biochemistry
Building: Coulter	Room #: 406
Physical State: Liquid & Solid	Phone #: 915-5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		10 Gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 08-01-10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Soumyajit Majumdar	Department: Pharmaceutics
Building: Faser Hall	Room #: 110
Physical State: Solvent Mix - UM1	Phone #: 662-915-7641

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Phosphoric acid	0.02	
Acetic acid	0.01	
Methanol	20	
Acetonitrile	35	
Water	44.97	
		20 Lit. X 3 Containers

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 08/03/10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Marc Slattery	Department: Pharmacognosy
Building: Faser	Room #: 400A
Physical State: Liquid	Phone #: 915-2009

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Antifreeze	100	1 gallon

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 07/28/10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes	15 %	
Methanol	10%	
Chloroform	40%	
Ethyl acetate	30%	
Acetone	5%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

7/26/2010
Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes	25 %	
Methanol	25%	
Dichloromethane	25%	
Ethyl acetate	25%	
TOTAL		5 gals

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Signature of Supervisor — Date: 7/26/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl acetate	75%	
Methanol	25%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 7/26/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Dale G. Nagle	Department: Pharmacognosy
Building: Faser Hall	Room #: 410
Physical State: liquid	Phone #: 662-915-1705

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes, dichloromethane, Ethylacetate		2
Chloroform, Methanol.		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 07/21/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: ~~354~~ & 355 & 329
Physical State: liquid	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

	Chemical Components	% or ppm	Quantity
329 -	Solvent mix - UM1	100	1
329 -	Solvent mix - UM1	100	1
329	Samples	—	1 BOX
	TOTAL	100	2 carboys, 1 box samples

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John M Rimoldi — 14 July 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 357
Physical State: Liquid	Phone #: 662-915-7605

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Waste		20Lit
		20Lit

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

A Amala S — July 12, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #: 104
Physical State: Liquid	Phone #: 66491

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methylene Chloride	25%	
Hexanes	25%	
Methanol	25%	
Acetone	25%	
TOTAL	100%	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Kristie Willett

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Repka	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 A
Physical State: SOLVENT MIX-UM-1	Phone #: 6629151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	66	
Acetonitrile	20	
Water	10	
Formic Acid	2	
TFA	2	
TOTAL	100 %	2 x 20 Litres

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

for Signature of Supervisor S. Majumdar — Date 07/12/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: CRISTIANE SURBECK	Department: CIVIL ENGINEERING
Building: ANDERSON	Room #: 221
Physical State:	Phone #: 662 915 7292

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
PENTACHLORODPHENOL	1	15 gallons
CADMIUM	2	3 Litres
ASSORTED CHEMICALS (see attached)	(see attached)	1 gallon

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 7/8/10

DATE RECEIVED DHS:	CONTROL #:

Chemical	%
Acetone	4
Potassium Iodide	15
Ethylene Glycol	18
Sulfanilic Acid Sodium Salt	4
Cadmium Metal Powder	20
Magnesium Sulfate	10
Tartaric Acid	35
Sodium Tartrate	25
Sodium Sulfate	30
Sodium Carbonate	1
Potassium Ferricyanide	0.02
Sulfuric Acid	5
Stannous Chloride	10

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Hester	Department: NPC
Building: TCRC	Room #: B016
Physical State:	Phone #: 6924

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix Um-1		
TOTAL		10 gal

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 7/6/10

DATE RECEIVED DHS:	CONTROL #:

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Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kevin Schrader	Department: USDA
Building: TCRC	Room #: 2045
Physical State: liquid and solid	Phone #: 662-915-1144

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Plant material dissolved in ethanol, methanol, DMSO, DCM,		small vials
acetone, and hexane.		
Myrcene		4.5 mL

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Kevin R. Schrader — Signature of Supervisor

6-22-10 — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

Alcohol

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: OH Power Plant	Room #: 104
Physical State: Liquid	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethanol (w/ Eosin Staining)		
TOTAL		4L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

K. Willett — 6/23/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

Benzo(a) Pyrene

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #: 104
Physical State:	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
tips, tubes, gloves, paper towels,		
Carbon that has been		
Contaminated w/ benzo(a) pyrene		
TOTAL		<50lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 6/23/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

EtBr

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #: 104
Physical State:	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethidium Bromide gels, tips		
TOTAL		<50lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 6/18/2010

DATE RECEIVED DHS:	CONTROL #:

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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

Trizol

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #: 104
Physical State: Liquid	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Trizol in tubes/tips		
TOTAL		<50 lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 6/23/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

Benzo(a) pyrene

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #: 104
Physical State:	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
tips, tubes, gloves, paper towels,		
Carbon that have been		
Contaminated w/ benzo(a) pyrene		
TOTAL		<50lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 6/23/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

Benzo(a)pyrene

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power Plant	Room #: 104
Physical State:	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
tips, tubes, gloves, paper		
towel, Carbon, etc. that have		
been contaminated w/ benzo(a)		
pyrene		
TOTAL		<50 lbs

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Signature of Supervisor — Date: 6/23/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Murthy	Department: Pharmaceutics.
Building: Faser Hall	Room #: 104
Physical State: Liquid.	Phone #: 662-915-5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	70	
Pottassium dihydrogen phosphate	10	
Acetonitrile	8	
Sodium Acetate	5	
Acedic acid.	7	
TOTAL	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 06/17/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Murthy	Department: Pharmaceutics.
Building: Faser Hall	Room #: 104
Physical State: Liquid.	Phone #: 662-915-5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	40	
Acetonitrile	30	
Acetic Acid	7	
Sodium Acetate	10	
Phosphoric Acid.	10	
Potassium dihydrogen Phosphate	3	
TOTAL	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 06/17/2010.

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

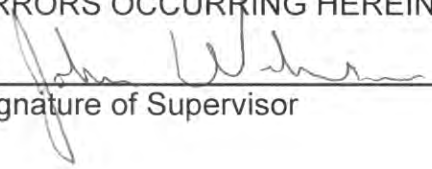
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Hexanes	15 %	
Methanol	10%	
Chloroform	40%	
Ethyl acetate	30%	
Acetone	5%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.



Signature of Supervisor — Date: 6/17/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

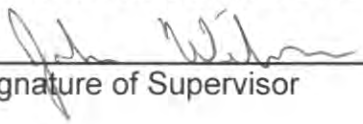
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Chloroform	25 %	
Methanol	50%	
Dichloromethane	25%	
TOTAL		5 gals

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.



Signature of Supervisor — Date: 6/17/10

DATE RECEIVED DHS:	CONTROL #:

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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Bharathi Avula	Department: NPC
Building: NPC	Room #: B078
Physical State: Liquid	Phone #: 6969

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Nitric Acid waste		4L
TOTAL		4L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

B Avula — 10 June 18

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

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Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John F. Wiginton	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 245
Physical State: Liquid	Phone #: 662-915-1553

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium hydroxide, hydrochloric acid, sulfuric acid, nitric acid,		
benzaldehyde, 4-methyl-benzaldehyde, 4-methoxy-benzal-		
dehyde, naphthalene, bromobenzene, benzophenone, acetic		
acid, acetic anhydride, fluoboric acid, anisole, acetone, ethanol,		
filter paper, 2-butanone, 1-butanol, butylamine, 1-chloropropane		
propionic acid, 2-methyl-2-butene, cyclohexane,		38L
	TOTAL	38L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John F Wiginton — 6-2-2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John F. Wiginton	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 245
Physical State: Liquid	Phone #: 662-915-1553

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
lead (II) nitrate, tin (II) chloride, copper (II) nitrate, hydrogen		
peroxide (3%), hydrochloric acid, sodium hydroxide, yeast,		
sulfuric acid, nitric acid, barium carbonate, silver chloride,		
mineral oil, chlorine water, barium hydroxide, barium chloride,		40L
	TOTAL	40L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John F Wiginton — 6-2-2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Dept. of Chemistry and Biochemistry
Building: Coulter Hall	Room #: 357
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Waste Water		
Waste Methanol		
Waste Ethanol		
Wastes Acetonitrile		
Waste Acetone		
Waste Toluene		
Waste Methylene Chloride (Trace amt)		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

May 25, 2010
Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry and Biochemistry
Building: Coulter	Room #: 406
Physical State: Liquid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		10 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka — 5/20/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

IN HOOD 1

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 354 & 355
Physical State: liquids	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
2-Iodopropane	corrosive bottle - residue		1
Methyl chloroformate	corrosive bottle-residue		1
Bromine	Empty bottles just residue		2
S-Valerolactone	cracked bottle		1
TOTAL			4

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — May 17, 2010 Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S N. MURTHY	Department: UnderGrad Lab (Pharmaceutics)
Building: Faser Hall	Room #: 112
Physical State: Solid	Phone #: 5164

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Magnesium Oxide	2-1.	
Sorbitol	5-1.	
Carbomer	5-1.	
Zinc stearate	3-1.	
Hydrocortisone	5-1.	
cetyl esters	5-1.	
Micro crystalline cellulose	5-1.	
Lactose	70-1.	
	100-1.	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

S. N. Murthy — 5/17/10
Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S.N. MURTHY	Department: Under Grad Lab (Pharmaceutics Room
Building: Faser Hall	Room #: 112
Physical State: Solid	Phone #: 5164

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Zinc oxide	5-1.	
Poly ethylene glycol	5-1.	
Lactose	60-1.	
Gelatin	2-1.	
Petrolatum	10-1.	
Fatty acid	5-1.	
Sodium Borate	5-1.	
Silica Gel	3-1.	
Acacia	5-1.	
	100-1.	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

S.N. Murthy — 5/17/10
Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Gregg Davidson	Department: Geology & G.E.
Building: Kinard	Room #: 341
Physical State: Aqueous	Phone #: 5824

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
see attached list		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

S Davidson — Signature of Supervisor

5/13/10 — Date

DATE RECEIVED DHS:	CONTROL #:

05/14/2010 11:46 FAX 6629155998 Geology & GE 002

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Scott Baerson	Department: USDA
Building: Natural Products Center	Room #: B090 (basement)
Physical State: liquid	Phone #: 915-7965

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
chloroform	55%	929 mls
phenol	23.7%	401 mls
isoamyl alchohol	0.6%	10 mls
isopropyl alchohol	20.7%	350 mls
	100%	1.69 liters

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: May 17th, 2010

DATE RECEIVED DHS:	CONTROL #:

Waste list for
Gregg Davidson
Kinard 341
phone: 5824
May 13, 2010

Chemical components	% or ppm	Quantity
hydrogen peroxide	30%	2.5 L
nitric acid hydrochloric acid	20% 0.1%	1 L
magnesium chloride acetic acid	50,000 ppm (0.5 M) 50,000 ppm (0.8 M)	1 L
magnesium chloride acetic acid	50,000 ppm (0.5 M) 50,000 ppm (0.8 M)	1 L
hydroxylammonium chloride nitric acid	35,000 ppm (0.5 M) 600 ppm (0.01 M)	1 L
hydroxylammonium chloride nitric acid	35,000 ppm (0.5 M) 600 ppm (0.01 M)	1 L
magnesium chloride acetic acid	40,000 ppm (0.4 M) 7,000 ppm (0.1 M)	1 L
magnesium chloride acetic acid	40,000 ppm (0.4 M) 7,000 ppm (0.1 M)	1 L
ammonium acetate nitric acid	77,000 pm (1.0 M) 600 ppm (0.01 M)	1 L
ammonium acetate nitric acid	77,000 pm (1.0 M) 600 ppm (0.01 M)	1 L
sodium hydroxide	20,000 ppm (0.5 M)	1 L
nitric acid	1,000 ppm (0.02 M)	1 L
hydrogen peroxide (clay sediment)	10%	1 L
isopropyl alcohol barrel – empty		

05/14/2010 11:46 FAX 6629155998 Geology & GE 001

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112A
Physical State: SOLVENT MIX	Phone #: 6629151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	75	
Acetonitrile	10	
TFA	5	
Water	10	
TOTAL	100 %	20 Litres

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 04/27/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. TEPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 B
Physical State: SOLVENT MIX	Phone #: 662 9151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	60	
Acetonitrile	15	
Acetic Acid	10	
water	15	
TOTAL	100 %	20 Litres X2

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 04/27/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. SOUMYAJIT MAJUMDAR	Department: PHARMACEUTICS.
Building: FASER HALL.	Room #: 110
Physical State: SOLVENT MIX UM-1	Phone #: 662-915-7641.

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	30%.	
Methanol	40%.	
o-phosphoric acid	0.1%.	
acetic acid	0.1%.	
Waters.	29.8%.	
		20 liters

×3 containers.

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 4/28/10

DATE RECEIVED DHS:	CONTROL #:

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
Phone (662) 915-5433 FAX (662) 915-5480

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Paul Dakin	Department: NCPA
Building: NCPA	Room #: 1156
Physical State: liquid	Phone #: 5664

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
hydraulic oil	88.5	46
motor oil	11.5	6
(1) 55 gallon steel drum		
		52 gal

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

X Patrick Brown Paul Dakin 05/10/2010

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

#1

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. W. Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State: Liq	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
hydrochloric acid, nitric acid		4L
acetic acid, ethanol, diethyl ether		
methanol, sodium hydroxide		
hydrogen peroxide, acetone		
Trace amounts of iron, molybdenum, cobalt		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Walter E Cleland

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

#2

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
perchloric acid, dowex 50w-x8		4 L
cation exchange resin,		
Trace amounts of chromium		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Walter G Cleland

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

#3-4

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State: Liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Carbon disulfide, acetone		4L
methanol, sodium hydroxide,		
ethanol, toluene, hexanes,		
dimethylformamide		
Trace amounts of zinc, nickel		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Walter G Cleland

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 354 & 355
Physical State: liquid	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

	Chemical Components	% or ppm	Quantity
F 329	Solvent Mix um 1	100	1
F 329	Solvent mix um 1	100	1
F 355	Solvent mix um 1	100	1
	TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John M Rimoldi — May 17, 2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

#5

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State: Liq	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
propanoic acid, pyrrole		4L
benzaldehyde, methanol, dimethyl-		
formamide, hexane, toluene, ethyl		
acetate, dichloromethane, acetone		
Trace amounts of copper		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Walter Cleland

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

#6

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. W. Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State: Liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
dicyclopentadiene, ethanol, hexane,		4L
acetone, tetrahydrofuran, glycine		
Sodium hydroxide, potassium		
nitrate		
Trace amounts of nickel		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor _____ Date _____

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. W. Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
pump oil		1 gallon
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Walter E Cleland

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Cleland	Department: Chemistry
Building: Coulter	Room #: 104
Physical State: Liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Dichloromethane		500mL
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. W Cleland	Department: Chemistry
Building: Coulter	Room #: 106
Physical State: liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Tri-n-butylphosphine		25mL
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Walter E Cleland

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry
Building: Coulter	Room #: 406
Physical State: Liquid and Solid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix-UM-1		10 gallons
Solid Waste Silica Gel		1 gallons
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka 4/19/2010

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Bonnie A Avery	Department: Pharmaceutics
Building: Faser Hall	Room #: Faser 103.
Physical State: Liquid	Phone #: 662-915-7616

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile		2.5 gallons
HPLC water		15 gallons
Methanol		2.5 gallons.
TOTAL		20 gallons

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Signature of Supervisor — Date: 21 April 2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Med Chem
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Chloroform	25%	5L
Methanol	25%	
Acetonitrile	25%	
Water	25%	
TOTAL		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 4/14/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Med Chem
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl Acetate	50%	5L
Methanol	25%	
Water	25%	
TOTAL		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 4/19/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Med Chem
Building: Faser	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Chloroform	50 %	5L
Methanol	25 %	
Water	25 %	
TOTAL		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 4/19/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: D. Ferreira	Department: Pharmacognosy.
Building: Faser Hall	Room #: 447
Physical State:	Phone #: 2011

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent wast (Acetone, 25% ; Hexanes		20 L
25% , EtOH, 45% , MeOH, Ether, Etyl Acetate, 5%)		
Chlorine wast (chloroform , dichloro methane ?)		2 L
Aqueous wast (Sulfuric acid 92% acetic acid 3%		3.5 L
Sodium Hydroxide 5%)		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

D Ferreira — 04/14/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 354 & 355
Physical State: Liquid	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix-um 1	100	1
Solvent mix-um 1	100	1
Solvent mix-um 1	100	1
Diazide waste-(no halogenated solvents)		500mL
TOTAL	100	3 carboys 500mL of haz. waste

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — April 07, 2010 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Wiginton, John F.	Department: Chemistry
Building: Coulter	Room #: 246
Physical State: Liquid	Phone #: 915-1553

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium Acetate, Zinc Chloride, Ammonium Chloride,		
Potassium Aluminum Sulfate, Sodium Carbonate,		
Sodium Chloride, Acetic Acid, Potassium Chromate		
Sodium Nitrate, Silver Nitrate		
TOTAL		~~2~~ 60L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

John F Wiginton — 4-7-2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Larry Day	Department: Biology
Building: Shoemaker	Room #: 509
Physical State: Liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Potassium Permanganate	.06%	1/6 gallon
Fluro-Jade	.01%	200 ml
~~Buffered Formalin~~	~~10%~~	—
Pentobarbitol	100%	5 ml
~~xylene waste~~	~~100%~~	—
BrdU in 10% Ethanol	<1%	~~100 ml~~ 50 ml
TOTAL		~~1/6 gallon~~

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 3/11/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr Larry Day	Department: Biology
Building: Shoemaker	Room #: 509
Physical State: ~~Liquid~~ see below	Phone #:

IDENTIFICATION OF THE MATERIAL

	Chemical Components	% or ppm	Quantity
liquid	Silver Nitrate in H_2O	~1%	2/3 gallon
solid	Ethidium Bromide	<1%	~1 lb
liquid	BrdU in H_2O		200 ml
	TOTAL		2/3 gallon

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

3/11/10

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Larry Day	Department: Biology
Building: Shoemaker	Room #: 509
Physical State: Liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

One bottle

Chemical Components	% or ppm	Quantity
EtOH in H_2O	70%	
Ammonical	< .01	
Formalin	< .01	
Silver Nitrate in H_2O	~ 1%	
TOTAL		0.5 gallon

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 3/11/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR MICHAEL A REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 A
Physical State: SOLVENT MIX	Phone #: 662 915 1233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
METHANOL	50	
ACETONITRILE	30	
TFA	10	
TEA	5	
Water	5	
TOTAL	100 %	

20 Litres X 1

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 3-29-10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR MICHAEL A REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 B
Physical State: SOLVENT MIX	Phone #: 662 915 1233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
METHANOL	40	
ACETONITRILE	30	
TFA	10	
TFA	5	
Water	15	
TOTAL	100 %	

20 Litres x 2

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 3-29-10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: S.N. Murthy	Department: Pharmaceutics
Building: Faser Hall	Room #: 104
Physical State: Liquid	Phone #: 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	50	
Methanol	30	
Isopropyl Alcohol	20	
TOTAL	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 03/26/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: S.N. Murthy	Department: Pharmaceutics
Building: Faser Hall	Room #: 104
Physical State: Liquid	Phone #: 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	50	
Methanol	30	
Isopropyl Alcohol	20	
TOTAL	100	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 03/26/00

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Clint Williford	Department: Chemical Engr
Building: Anderson	Room #: 132 ~~Anderson~~
Physical State:	Phone #: 7023

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Light hydrocarbon		small barrel
water, acetone, keytone (organic) mixture		two big jugs
~~Acetic~~ Acetic Acid		one big glass Jar
water, acetone mixture (unknown)		big jug
Acetic anhydride		one big glass jar
Hydrochloric acid		two big glass jars
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

2/23/10
Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	Department:
Building:	Room #:
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sulfuric Acid		big glass jar
Nitric Acid		" " "
Ammonium Hydroxide		" " "
unknown liquid		" " "
Methyl Ethyl ketone		" " "
Ethylene Glycol		" " "
TOTAL		

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Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	Department:
Building:	Room #:
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
4-Methy 2-pentanone		one big glass jar
Hexanes		" " " "
Ammonium Chloride		two small plastic containers
Drano		one canister
Carbon Disulfide		one small glass jar
Sodium Hydroxide		two glass jars
TOTAL		

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Signature of Supervisor Date

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Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	Department:
Building:	Room #:
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium Hydroxide		5 gal container
Acetone		small barrel
Unknown liquid		1" "
Methanol		two small barrels
TOTAL		

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Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Khan / Dr Smillie	Department: NCNPR
Building: NCNPR	Room #: 3049
Physical State: Liquid + Solids	Phone #: 915-1791

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Richonet T		500 gm
Richamate MBF		500 gm
Richedet X-6770		500 gm
Richonet T		300 gm
Richamate 15 ml		300 gm
TOTAL		

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Signature of Supervisor — Date: 3-11-10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Khan / Dr. Smillie	Department: NCNPR
Building: NCNPR	Room #: 3049
Physical State: Liquids + Solids	Phone #: 915-1791

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Richamide 5085		1 Liter
Richamide 6445		1 Liter
8-4 335		100 gm
Chemadene DG		1 Liter
Richamate 15 me		500 gm
Soebo		500 gm
TOTAL		

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Signature of Supervisor — Date: 3-11-10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: D. Khan / Dr. Smeller	Department: NCNPR
Building: NCNPR	Room #: 3049
Physical State: Liquid + Solids	Phone #: 915-1791

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Rudonal AM		500 gm
Richamate 3780		1 Liter
Chemadene NA-30		1 Liter
Richadet 6402		500 gm
Richonic Acid B.		1 Liter
Sodium Sulfate		200 gm
TOTAL		

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Signature of Supervisor — Date: 3-11-10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Khan / Dr. Smillie	Department: NCNPR
Building: NCNPR	Room #: 2049
Physical State: Liquid + Solids	Phone #: 915-1791

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Tetramethylsilane. 50 ml	99.9%	1200 mL
TOTAL		1200 mL

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Signature of Supervisor — Date: 3-11-10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: BHARATHI	Department: NPC
Building: NCNPR	Room #: B085
Physical State: LIQUID	Phone #: 6969

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
SOLVENT MIX UM-1		5G
TOTAL		5G

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Bharathi — 15 MARCH 10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Takashi Tomioka	Department: Chemistry
Building: Coulter	Room #: 406
Physical State: Liquid	Phone #: 5332

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-01		10 gallons
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Takashi Tomioka — 2.24.10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power House	Room #: 104
Physical State: Solid	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Tips, tubes, gloves, paper towels,		
etc. that have been contaminated		
with benzo(a)pyrene		
TOTAL		<50lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Kristie Willett — 2/23/10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power House	Room #: 104
Physical State: Solid	Phone #: 66091

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Tips, tubes, gloves, paper towels,		
etc that have been contaminated		
with benzo(a)pyrene		
TOTAL		<50 lbs

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Kristie Willett 2/23/10

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power House	Room #: 104
Physical State: Liquid	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethanol		7 x 1 gal
TOTAL		7 gal

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Kristie Willett — Signature of Supervisor

2/23/10 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology
Building: Old Power House	Room #: 104
Physical State: Liquid	Phone #: 6691

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Bouin's Solution (formaldehyde, picric acid)		2 x 1 gal
TOTAL		2 gal

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Kristie Willett — Signature of Supervisor

2/23/10 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 427
Physical State: Liquid	Phone #: 915 - 1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix		5 L
Ethyl Acetate	15 - 20%	
Methanol	45 - 50%	
Acetonitrile	15 - 20%	
Water	10 - 15%	
Methylene Chloride	15 - 20%	
TOTAL		5 L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 2/3/[illegible]

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 427
Physical State: Liquid	Phone #: 915-1934

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mixture		5L
Ethyl Acetate	50-100%	
Methanol	25-100%	
Water	25-100%	
TOTAL		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date 2/3/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

FAX: 915-5480

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Desmond Slade	Department: NCNPR
Building: Coy Waller	Room #: 111
Physical State: Liquid	Phone #: 1708 / 5928

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix - UM-1		4 x 20 L
TOTAL		80 L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

D Slade — 02/03/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

FAX: 915-5480

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Desmond Slade	Department: NCNPR
Building: Coy Waller	Room #: 123
Physical State: Liquid	Phone #: 1708 / 5928

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix - UM-1		2 x 20 L
TOTAL		40 L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

DSlade — 02/03/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: BHARATHI	Department: NPC
Building: NPC	Room #: B078
Physical State: LIQUID	Phone #: 6969

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Nitric Acid Waste		4L
TOTAL		4L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Bharathi — 15 MARCH 10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

FAX: 915-5480

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Desmond Slade	Department: NCNPR
Building: Coy Waller	Room #: 105
Physical State: Liquid	Phone #: 1708 / 5928

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix - UM-1		18 x 20 L
TOTAL		360 L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

D Slade — 02/03/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Randy Watkins	Department: chemistry & biochemistry
Building: Coulter Hall	Room #: 401
Physical State:	Phone #: 662-915-6707

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
polyethylene (HDPE)		3 gals
organic solvent		100 ml
organic solvent		50 ml
wax		300 grams
mercury (used)		100 ml
TOTAL		

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Randy Walkins — 1/27/10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112 B
Physical State: SOLVENT MIX	Phone #: 662 915 1233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
METHANOL	55 %	
ACETONITRILE	25 %	
ETHANOL	5 %	
WATER	10 %	
TEA	5 %	
TOTAL	100 %	3 X 20 Litres

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 01/08/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

Shaw

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kevin Schrader	Department: USDA
Building: TCRC	Room #: 2045
Physical State:	Phone #: 662-915-1823

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
small vials and bottles of		2 Boxes
ethanol, methanol, acetone, and		
water.		
TOTAL		2 Boxes

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Kevin K. Schrader — Signature of Supervisor

1-20-10 — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: John Rinaldi	Department: Med Chem
Building: Faser 354	Room #: 354
Physical State: Liquid	Phone #: x 6795

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
UM-Solvent MIX 1	100 %	2
[redacted]		[redacted]
Unknown		~20mL
phenyl chloro dimethylsilane		~15mL
TOTAL		

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J M Cumbie — 26-II-2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Amal Dass	Department: Chemistry
Building: Coulter Hall	Room #: 357
Physical State: Liquid	Phone #: 7605

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix UM-1		20 L
TOTAL		20 L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Amala Das — 2/15/2010

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Hollis	Department: Chem. + Biochem.
Building: Coulter	Room #: 402
Physical State: liquid	Phone #: 7874

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methylene Chloride	40%	
acetone	35%	
2-propanol	10%	
hexanes	5%	
toluene	5%	
benzene	5%	
TOTAL	3 carboys	60L

JK

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

T. Keith Hollis — 2/12/10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR MICHAELA REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 112B
Physical State: SOLVENT MIX	Phone #: 6629151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	50	
Methanol	20	
TEA (Triethylamine)	0.5	
Water	29.5	
TOTAL	100%	5Gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 02/12/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FASER HALL	Room # 112A
Physical State: SOLVENT MIX	Phone #: 6629151233

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methanol	40	
Acetonitrile	20	
Water	39	
TFA	0.5	
TEA	0.5	
TOTAL	100 %	5 Gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 02/12/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: DR. SOUMYAJIT MAJUMDAR	Department: PHARMACEUTICS
Building: FASER HALL	Room #: 110
Physical State: SOLVENT MIX UM-1	Phone #: 662-915-7641.

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	30	
Methanol	20	
Isopropyl Alcohol	5	
Acetic Acid	0.2	
Water	44.8	
TOTAL	100	20 Liters

x 5 containers.

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 02/12/2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

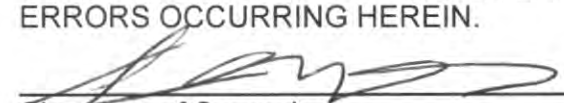
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: David E. Wedge	Department: USDA, ARS, NPURU
Building: NPC	Room #: 2010
Physical State: liquid	Phone #: 915-1069 (Ramona Pace)

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
vacuum pump oil 7---4L bottles	100%	28L total
TOTAL	100%	28L total

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.



Signature of Supervisor — Date: 2-16-10

DATE RECEIVED DHS:	CONTROL #:

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Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Mobley	Department: NCPA
Building: NCPA	Room #: 1091
Physical State: waste towels/gloves	Phone #: 6547

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Gallium waste towels/gloves		
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogen or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORREC TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 2/13/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Amala Dass	Department: Chemistry
Building: Coulter Hall	Room #: 128
Physical State: Liquid	Phone #: 662-915-1826

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Water	39%	
0.1M Na2HPO4 0.1M KH2PO4	10%	
Cyclohexane	39%	
p-xylene	10%	
o-xylene, Biphenyl, Toluene	1%	
12M HCl, 4M NaOH, Bromothymol Blue, Ethanol	1%	
TOTAL	100%	2 Bottles

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

Feb 10, 2010
Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: James Cizdziel	Department: Chemistry and Biochemistry.
Building: coulter hall	Room #: 304
Physical State: liquid	Phone #: 1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
~20% v/v nitric acid waste		5 L
TOTAL		5L

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

James Cizdziel — 2/12/10

Signature of Supervisor — Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Bharathi Avula	Department: NCNPR
Building: NCNPR	Room #: B085
Physical State: Liquid	Phone #: 6969

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
SOLVENT MIX UM-1		5 G
TOTAL		5 G

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Bharathi

Signature of Supervisor — Date: 21 October 09

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Seongbong Jo	Department: Pharmaceutics
Building: FASER HALL	Room #: 102
Physical State: Liquid	Phone #: 915-5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Toluene	20%.	
Petroleum Ether	20%	
Diethyl Ether	20%.	
Dichloro methane	20%.	
Tetrahydro furan	20%.	
TOTAL	100%.	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 02/05/10

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Seongbong Jo	Department: Pharmaceutics
Building: FASER HALL	Room #: ~~102~~ 102
Physical State: Liquid	Phone #: 915-5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Toluene	20%.	
Petroleum Ether	30%.	
Diethyl Ether	10%.	
Dichloro methane	20%.	
Tetrahydro furan	20%.	
TOTAL	100%.	

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

02/05/10
Date

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. Jan.,2000

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 354 & 355
Physical State: liquid	Phone #: 662-915-6795

IDENTIFICATION OF THE MATERIAL

	Chemical Components	% or ppm	Quantity
354 -	Solvent mix-um1	100	1
364 -	Solvent mix -um1	100	1
355 -	Solvent mix - um1	100	1
	TOTAL	100	3

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Signature of Supervisor — Date: Feb. 08. 2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Clifford Ochs	Department: Biology
Building: Shoemaker	Room #: 331
Physical State: liquid	Phone #: 915-7562

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
0.10% glacial acetic acid		
0.05% iodine		
0.10% KI		
TOTAL		10 gallons

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor — Date: 2 Feb 2010

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web — Rev. 03/07

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Franck Dayan	Department: USDA-NPURU
Building: TCRC	Room #: 2011
Physical State: liquid	Phone #: 915-1039

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
hydrogen peroxide	100	500 ml
TOTAL		500 ml

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Signature of Supervisor — Date: 12-16-2009

DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07