

**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	85	} 40L
DMSO	5	
Hexane	5	
2-Propanol	5	
		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.

Keith Hollis
Signature of Supervisor

Date

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: Dr. Mohamed Radwan	Department: Coy Waller lab, NCNPR
Building: Coy Waller Lab	Room #: 105
Physical State: Liquid	Phone #: 915-1708

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Mixture of solvents (DCM, MeOH, Hexanes and Ethyl acetate)		
		120 L

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M. Radwan

 Signature of Supervisor Date 01/09/12

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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: <i>Dr. Amal Dass</i>	Department: <i>Chemistry & Biochemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>357/359</i>
Physical State: <i>liquid</i>	Phone #: <i>662-915-7605</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Toluene</i>		
<i>Acetone</i>		
<i>Methanol</i>		
<i>Water</i>		
<i>Dichloromethane</i>		
<i>Acetonitrile</i>		
<i>Thiols</i>		
<i>Ethylacetate</i>		
<i>Hexane</i>		

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[Signature]
Signature of Supervisor

Jan 13, 2012
Date

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: John Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 430
Physical State: Solid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Silca gel, sodium sulfate		500g

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.

1/18/2012

Signature of Supervisor

Date

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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: 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
Methanol	48%	
Acetonitrile	42%	
Acetic acid	0.1%	
Water	9.9%	
	100%	20lit * 2 Containers

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 Signature of Supervisor 01/17/2012
Date

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. S.N. Murthy</i>	Department: <i>Pharmaceuticals</i>
Building: <i>Phase Hall</i>	Room #: <i>104</i>
Physical State: <i>liquid</i>	Phone #: <i>662-915-5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Acetonitrile</i>		<i>60%</i>
<i>methanol</i>		<i>40%</i>
TOTAL		<i>100%</i>

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]
01/19/2012

Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
 DEPARTMENT OF HEALTH & SAFETY
 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. S. N. Murthy</i>	Department: <i>pharmaceuticals</i>
Building: <i>faser Hall</i>	Room #: <i>104</i>
Physical State: <i>liquid</i>	Phone #: <i>662-915-5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Acetonitrile</i>		<i>60%</i>
<i>methanol</i>		<i>40%</i>
TOTAL		<i>100%</i>

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: .
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Carbon disulfide</i>		
<i>acetic anhydride (3-100g)</i>		
<i>Lithium diisopropylamide</i>		
<i>mono(tetrahydrofuran) 1.5M sln</i>		
TOTAL		

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[Signature] *8-22-11*

 Signature of Supervisor Date

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: John S. Williamson	Department: Medicinal Chemistry
Building: Faser	Room #: 430
Physical State: Solid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Silica gel, Sodium sulfate, filter paper	100	100g

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Signature of Supervisor JSW Date 1/23/12

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: <i>Dr. Repka</i>	Department: <i>Pharmaceuticals</i>
Building: <i>Fawer</i>	Room #: <i>112B</i>
Physical State: <i>liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>SOLVENT MIX - UM-1</i>		<i>20L</i>
		<i>20L</i>

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: *[Handwritten Signature]* Date: *01/23/12*

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: 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

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.

 1-26-2012
 Signature of Supervisor Date

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Solvent waste

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

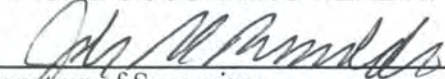
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 329
Physical State: Liquid	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Lab 329 → Solvent mix - UM 1	100	1
Lab 329 → Solvent mix - UM 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.


Signature of Supervisor

Jan 28 2012
Date

DATE RECEIVED DHS:	CONTROL #:
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Other Waste → explosives toxic
 incompatibles
 non-solvent waste

THE UNIVERSITY OF MISSISSIPPI
 DEPARTMENT OF HEALTH & SAFETY

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 329
Physical State: Liquid	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
CH ₃ -NH ₂ in H ₂ O < 40 weight % dilute		1- 10mL vial
NH ₂ =NH ₂ hydrate in EtOH		1- 1mL vial
Methyl trifluoromethane sulfonate in nitromethane		1- 5mL vial
Ethylene Glycol : H ₂ O	50:50	2- 4L Bottles
Azide Waste - NaN ₃ , H ₂ O <small>EtOAc, N₂Cl, MeOH</small>		2- 4L Bottles
Silica & Sulfonic acid waste		1- 500g Bottle
Cyanide - NaCN, KCN, H ₂ O <small>Bleach</small>		1- 4L Bottle

-hood
 -hood
 -hood
 -hood

NO DCM or CHCl₃ →

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John Rimoldi
 Signature of Supervisor

Jan 28 2012
 Date

DATE RECEIVED DHS:	CONTROL #:
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Heavy Metal Waste

THE UNIVERSITY OF MISSISSIPPI DEPARTMENT OF HEALTH & SAFETY

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

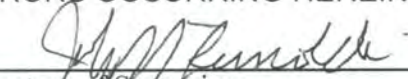
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 329
Physical State: Liquid, solids	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Selenium Waste - Selenium, celite, H ₂ O, Ethylacetate		1 - 500g bottle
Cobalt Waste - cobalt, H ₂ O		1 - 500g bottle
Chromium Waste - chromium, silica water		1 - 500g bottle
Silver Waste - silver, celite		1 - 500g bottle

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Signature of Supervisor

Jan 28 2012
Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Melissa Jacob</i>	Department: <i>NCNPR</i>
Building: <i>Thad Cochran</i>	Room #: <i>B016</i>
Physical State: <i>Liquid</i>	Phone #: <i>6942</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>95% EtOH</i>	<i>95% w/w</i>	<i>50 L</i>
<i>EtOH</i> <i>Ethyl Acetate</i>		<i>10 L</i>
TOTAL		<i>100 L</i>

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Melissa Jacob

Signature of Supervisor

2/15/12

Date

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Seongbone Jo</i>	Department: <i>Pharmaceutis</i>
Building: <i>Faser hall</i>	Room #: <i>102</i>
Physical State: <i>liquid</i>	Phone #: <i>662 915 5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Ethyl Acetate</i>	<i>15</i>	
<i>Water</i>	<i>50</i>	
<i>Acetone</i>	<i>15</i>	
<i>Ether</i>	<i>15</i>	
<i>Methanol</i>	<i>2</i>	
<i>Dichloromethane</i>	<i>3</i>	
TOTAL	<i>100</i>	

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Signature of Supervisor: _____ Date: *2/13/12*

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: 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	33%	
Methanol	46%	
Water	20.8%	
Glacial Acetic acid	0.1%	
O-Phosphoric acid	0.1%	
	100%	3 X 20 Lit Containers

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02/13/2012

 Signature of Supervisor Date

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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: <i>Amala Dass</i>	Department: <i>Chemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>359</i>
Physical State: <i>Liquids</i>	Phone #: <i>662-915-7605</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Thiol wastes</i>		<i>20 L can</i>
<i>Paraffin oil waste</i>		<i>5 L bottle</i>
<i>Acid waste -- HCl, HNO₃</i>		<i>5L bottle</i>
<i>Solvent waste - Acetone, Toluene, Methanol</i>		<i>5L bottle</i>
<i>Chemical waste - Acetone, Toluene, Methanol</i>		<i>5L bottle</i>
<i>Empty bottles (5L)</i>		<i>3 x 5L bottles</i>

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Amala Dass
Signature of Supervisor *2/22/2012*
Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Seongborg Jo</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faser hall</i>	Room #: <i>102</i>
Physical State: <i>liquid</i>	Phone #: <i>662 915 5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Water</i>	<i>40</i>	
<i>Ether</i>	<i>10</i>	
<i>Acetonitrile</i>	<i>10</i>	
<i>THF</i>	<i>20</i>	
<i>Ethyl Acetate</i>	<i>10</i>	
<i>Acetone</i>	<i>10</i>	
TOTAL	<i>100</i>	

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2/13/12
 Signature of Supervisor Date

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 DISPOSITION OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. Repka</i>	Department: <i>Pharmaceuticals</i>
Building: <i>Faser</i>	Room #: <i>112 B</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Solvent Mix - UM-1</i>		<i>20L</i>
		<i>20L</i>

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[Signature] *0227-2012*
 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

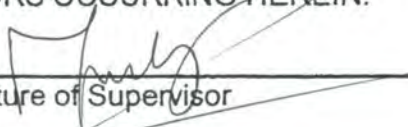
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. S. N. Murthy</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faser hall</i>	Room #: <i>104</i>
Physical State: <i>liquid</i>	Phone #: <i>662-915-5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Acetonitrile</i>		<i>60%</i>
<i>methanol</i>		<i>40%</i>
TOTAL		<i>100%</i>

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Signature of Supervisor

03/06/2012
Date

DATE RECEIVED DHS:

CONTROL #:

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. S. N. Murthy</i>	Department: <i>Pharmaceuticals</i>
Building: <i>Faser Hall</i>	Room #: <i>104</i>
Physical State: <i>liquid</i>	Phone #: <i>662-915-5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>acetonitrile</i>		<i>60%</i>
<i>methanol</i>		<i>40%</i>
TOTAL		<i>100%</i>

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.

Murthy
03/06/2012

Signature of Supervisor Date

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: Dr. ElSohly	Department: NCNPR
Building: Coy Waller	Room #: 105
Physical State: Liquid Mix	Phone #: 1708

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix-UM-1		120 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.

M. Redwan *03/09/12*
Signature of Supervisor Date

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: Scott Owens	Department: Exercise Science
Building: Turner	Room #: 248
Physical State:	Phone #: 5333

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Tween 20	100.0%	2 (2ml. each)
EIA Buffer Concentrate (with sodium azide 0.1%, potassium phosphate 15.5%, sodium chloride 23.4%, ethylenediamine tetraacetic acid 0.38%, serum albumin 1.0%, and water 58%)	various	1 (<1 ounce)
Ellman's Reagent (5'5 dithiobis-2 nitrobenzoic acid)	100.0%	3 (powder form)

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 02.15.2012
 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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Waste Removal Request
March 16, 2012

1. 3 bottles, 11 liters total
 - 1-hexanol
 - iodine
 - sodium borohydride
 - tetrahydrofuran
 - hexanes
 - potassium carbonate
 - sodium thiosulfate

2. 1 bottle, 2 liters total
 - trans-cinnamic acid
 - bromine
 - acetic acid
 - 2,3 dibromo 3-phenyl propanoic acid
 - ethanol

3. 1 bottle, 3.5 liters total
 - acetic acid
 - isopentyl alcohol
 - isopentyl acetate
 - sulfuric acid

4. 1 bottle, 3 liters total
 - isopropanol
 - hexanes

5. 1 bottle, 3 liters total
 - p-toluenesulfonyl chloride
 - quinhydrone
 - benzoyl chloride
 - isothiocyanates
 - iodomethane
 - picric acid

6. 1 bottle, 2.5 liters
 - isopentyl alcohol
 - isopentyl acetate

7. 4 bottles, 10 liters total
 - potassium hydroxide
 - sulfuric acid
 - ethyl alcohol

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Please see attached.</i>		

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 J. Wigninton
 Signature of Supervisor _____ Date _____

DATE RECEIVED DHS:	CONTROL #:
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**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**
Phone (662) 915-5433 FAX (662) 915-5480

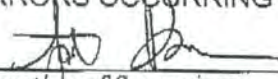
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Scott Baerson	Department: USDA
Building: Natural Products Center	Room #: B090
Physical State: liquid	Phone #: x7965

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
dimethyl sulfoxide	99.7%	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

4/3/12
Date

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix - UM1		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.

 3-11-2012

 Signature of Supervisor Date

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetone	85%	} 10 L SOL
DMSO	5%	
Hexanes	5%	
Isopropanol	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.

Keith Hollis
Signature of Supervisor

3/12/12
Date

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: <i>Dr Wei-Yin Chen</i>	Department: <i>Chemical Engineering</i>
Building: <i>Anderson Hall</i>	Room #: <i>222</i>
Physical State: <i>LIQUID WASTE</i>	Phone #: <i>662-915-5651</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Acetone with dissolved bio-oil</i>		<i>3 4L bottle</i>
<i>Methanol (waste).</i>		
<i>Vacuum Pump waste oil</i>		<i>3 < 1L</i>
		<i>< 5 Liters</i>

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.

Wei-Yin Chen *4-5-2012*
 Signature of Supervisor Date

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: MICHAEL A. 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	10	
TOTAL	100%	20liters

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 #:
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1 bottle - 4 liters
sodium hydroxide
phosphoric acid
phenolphthalein

1 bottle - 1 liter
potassium iodide
nitric acid
silver nitrate

1 bottle - 2 liters
xylenes
hexanes
ethyl acetate

1 bottle - 3 liters
sodium chloride
potassium iodate
sodium phosphate
sodium sulfate
nitric acid
sodium nitrate
ammonia
barium nitrate
malonic acid
xylene
ethyl acetate
hexanes

4 bottles - 14 L
sodium chloride
potassium iodate
sodium phosphate
sodium sulfate
nitric acid
sodium nitrate
ammonia
barium nitrate
malonic acid

2 bottles - 8 liters
dichloromethane

5 bottles - 18 liters
acetylsalicylic acid
sodium hydroxide
iron (III) chloride

3 bottles - 10 liters
fluorescein
hydrochloric acid
sodium hydroxide

3 bottles - 9 liters
magnesium
hydrochloric acid

Request for Disposal of Hazardous Chemicals

4-20-12

Total: 40 bottles - 128.5 liters

4 bottles - 12 liters
hydrochloric acid
potassium chromate
nitric acid
ammonia

11 bottles - 40 liters
malonic acid
sulfuric acid
starch
hydrogen peroxide
potassium iodate
manganese sulfate monohydrate

1 bottle - 0.5 liter
bromotriphenylmethane
ethoxytriphenylmethane
ethanol

1 bag
mercury waste

1 bottle - 2 liters
potassium hydroxide
sulfuric acid
aluminum foil
ethanol

1 bottle - 4 liters
sodium hydroxide
phosphoric acid

1 bottle - 1 liter
sodium bromide
sodium hydroxide
sodium sulfide
sodium sulfate
potassium chlorate
potassium iodate
ammonium chloride
barium chloride
lead (II) nitrate

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>John Wington</i>	Department: <i>Chemistry + Biochemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>246</i>
Physical State: <i>Solids + Liquids</i>	Phone #: <i>662-915-1553</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Please see attached report.</i>		

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 Wington *4/18/2012*
 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile	60%	
Methanol	34%	
Water	6%	
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

04/25/2012
Date

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: Dr. Cizdziel	Department: Chemistry
Building: Coulter Hall	Room #: 128
Physical State: Liquid	Phone #: 662-915-1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Butylated Hydroxyanisole	5	
2,6-di-tert-butylphenol	5	
Butylated Hydroxytoluene	5	
Gum Residue	5	
Ethyl Acetate	60	
Acetonitrile	20	
	100	

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5-16-12

 Signature of Supervisor Date

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: Dr. Cizdziel	Department: Chemistry
Building: Coulter Hall	Room #: 128
Physical State: Liquid	Phone #: 662-915-1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
100 ug/mL Quinine Sulfate	10	
0.08 M Sulfuric Acid	75	
0.05 M Sodium Bromide	5	
pH 1 Buffer	5	
pH 6 Buffer	5	
	100	

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5-16-12

 Signature of Supervisor Date

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: Dr. Cizdziel	Department: Chemistry
Building: Coulter Hall	Room #: 128
Physical State: Liquid	Phone #: 662-915-1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
1.2 g/L p-xylene	75	
1.2 g/L o-xylene	13	
0.052 g/L Diphenyl	12	
	100	

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5-16-12

 Signature of Supervisor Date

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: Dr. Cizdziel	Department: Chemistry
Building: Coulter Hall	Room #: 128
Physical State: Liquid	Phone #: 662-915-1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
0.1% Bromothymol Blue in Ethanol	8	
0.1 M Sodium Phosphate	45	
0.1 M Potassium Phosphate	45	
12 M Hydrochloric Acid	1	
4 M Sodium Hydroxide	1	
	100	

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Signature of Supervisor *Jan Cizdziel* 5-16-12
Date

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: Dr. Cizdziel	Department: Chemistry
Building: Coulter Hall	Room #: 128
Physical State: Liquid	Phone #: 662-915-1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Water	70	
KBr	20	
Methylene Chloride	10	
	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.

Jan Cizdziel 5-16-12

 Signature of Supervisor Date

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: Dr. Robert Holt	Department: Geology and Geological Engineering
Building: Brevard	Room #: 001
Physical State: Liquid	Phone #: (662) 816-2358

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetic Acid, Glacial	7-15%	
Ammonium Hydroxide	22-24%	
Thioglycolic Acid	64-67%	96
Hydrochloric Acid, Concentrated	26-28%	47
2,5-Dihydroxybenzoic Acid	< 2.0 %	
4,5-Dihydroxynaphthalene-2, 7-Disulfanic Acid	< 2.0 %	47

*Labeled
FC*
*Labeled
S*
*Labeled
N*

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.

Robert Holt _____ *5/16/12* _____
Signature of Supervisor Date

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: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 430
Physical State: Liquid	Phone #: 915-2014

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Used Pump Oil	100	3 Ga

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 #:
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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: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 430
Physical State: Liquid	Phone #: 915 2014

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solid waste (silica gel, paper and magnesium chloride)	100	600 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

Signature of Supervisor

JSW

Date

3/28/12

DATE RECEIVED DHS:

CONTROL #:

2 bottles, 7 L
hexanes
nitronaphthalene
Naphthalene

4 bottles, 15 L
diethyl ether
magnesium oxide
triphenyl methanol

1 bottle, 1 L
benzaldehyde
4-methoxy benzaldehyde
cyclopentanone
1 bottle, 3 L
cyclopentanone
benzaldehyde
4-methyl benzaldehyde
4-methoxybenzaldehyde
ethanol

1 bottle, 1 L
acetone
benzaldehyde
4-methyl benzaldehyde
4-methoxy benzaldehyde
ethanol

1 bottle, 0.25 L
isopropanol
vanillin
potassium bromate
hydrobromic acid
acetic acid

1 bottle, 3 L

Hydrochloric acid

Potassium chromate

Nitric acid

Potassium nitrate

Strontium nitrate

Calcium nitrate

Barium nitrate

Sodium nitrate

2 bottles, 7 L

2,3 dimethyl-2,3 butandiol

3,3 dimethyl-2 butanone

sulfuric acid

2 bottles, 4 L

α phellandrene

diethyl ether

petroleum ether

methanol

maleic anhydride

5 bottles, 20 L

vanillin

potassium bromate

hydrobromic acid

sodium thiosulfate

ethanol

1 bottle, 1 L

acetone

α phellandrene

1 bottle, 2 L

1-hexene

iodine

tetrahydrofuran

1-hexanol

2-hexanol

1 bottle, 4 L
Xylene
Hexanes
Ethyl acetate

3 bottles, 10 L
Acetylsalicylic acid
Sodium hydroxide
Iron (III) chloride

3 bottles, 10 L
Sodium chloride
Sodium acetate
Zinc chloride
Acetic acid
Sodium carbonate
Ammonium chloride
Potassium alum
Hydrochloric acid
Sodium hydroxide

2 bottles, 6 L
Malonic acid
Sulfuric acid
Sodium thiosulfate
Starch
Hydrogen peroxide
Potassium iodate
Manganese sulfate monohydrate

1 bottle, 1 L
Dichloromethane
Ethanol
Ethyl acetate
Aspirin
Caffeine
Acetaminophen
Salicylamide
Ibuprofen

Waste Removal Request

5.22.12

58 bottles, 191.25 L

Mercury Waste

Two sharps containers

13 bottles, 50 L

Malonic acid

Potassium iodate

Starch

Manganese sulfate mono hydrate

Sulfuric acid

Hydrogen peroxide

7 bottles, 28 L

Lead nitrate

Copper nitrate

Zinc chloride

2 bottles, 6 L

Potassium hydroxide

Sulfuric acid

Aluminum

1 bottle, 3 L

Potassium hydroxide

Sulfuric acid

Aluminum

Ethyl alcohol

2 bottles, 5 L

Sodium hydroxide

Hydrochloride acid

Acetic acid

1 bottle, 4 L

Hydrochloride acid

Magnesium

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. John Wiginton</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: <i>246</i>
Physical State: <i>liquids + solids</i>	Phone #: <i>662-915-1553</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Please see attached report.</i>		

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 J. Wiginton _____ *5/22/2012*
Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

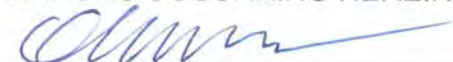
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kumudini Meepagala	Department: USDA
Building: NPC	Room #: 3006
Physical State: liquid	Phone #: 1138

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
chromic acid	100%	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.


Signature of Supervisor

05/21/12
Date

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: <i>Dr. Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: <i>104</i>
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Tributyl phosphine</i>		<i>5 mL bottle</i>
<i>Dicyclopentadiene</i>		<i>500 g bottle</i>
<i>Sharps container</i>		<i>5 gallon bucket</i>

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 *5-17-12*
 Signature of Supervisor Date

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: <i>Dr. Cleland</i>	Department: <i>chemistry</i>
Building: <i>Coutter</i>	Room #: <i>106</i>
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>glycine, sodium hydroxide,</i>		
<i>potassium nitrate, nitric acid</i>		
<i>acetone, phenolphthalein,</i>		
<i>buffer solution</i>		
<i>Trace amounts of nickel</i>		
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: *5-17-12*

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: <i>Dr. Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>104</i>
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>acetone, hexanes, toluene, ethyl acetate, propanoic acid, pyrrole</i>		
<i>benzaldehyde, dicyclopentadiene, sodium hydroxide, ammonium hydroxide, isopropanol, DMAD, chloroform, THF</i>		
<i>Trace amounts of nickel</i>		

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 *5-17-12*
Date

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: <i>Dr. Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: <i>106</i>
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>perchloric acid, dowex 50w-x8 resin</i>		
<i>chromium</i>		
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 _____ *5-17-12*
 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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B

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: <i>106</i>
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Carbon disulfide, Dimethylformamide,</i>		
<i>ammonium hydroxide, methanol, acetone,</i>		
<i>sodium hydroxide, benzoyl chloride,</i>		
<i>dichloromethane, hexanes, toluene,</i>		
<i>ethyl acetate, propanoic acid</i>		
<i>benzaldehyde, pyrrole</i>		
<i>Trace amounts; nickel, zinc, copper</i>	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

5-17-12
Date

DATE RECEIVED DHS:	CONTROL #:
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A

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>106</i>
Physical State: <i>Liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>acetic acid, diethyl ether, ethanol</i>		
<i>hydrochloric acid, potassium chloride,</i>		
<i>methanol, tributyl phosphine</i>		
<i>ethylenediamine dihydrochloride</i>		
<i>Sodium hydroxide, hydrogen peroxide</i>		
<i>Acetone, sodium iodide</i>		
<i>Trace amounts of cobalt and molybdenum</i>	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 *5-17-12*

 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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1 + 2

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


REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Hussey	Department: Chemistry and Biochemistry
Building: Coulter Hall	Room #: 106
Physical State: Liquid	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Methyl pyrrolidine		
1-chlorobutane		
Butyl-Methylpyridinium chloride		
Acetonitrile		
Ethyl Acetate		
Dichloromethane		
	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

05/03/2012
Date

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

Carboy

Supervisor: <i>Dr. Cleland</i>	Department: <i>Chemistry</i>
Building: <i>Coulter Hall</i>	Room #:
Physical State: <i>liq</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>hexanes, pentanes, ethyl acetate,</i>		
<i>acetonitrile, dichloromethane,</i>		
<i>sodium hydroxide, acetone, methanol</i>		
<i>ammonium chloride, sodium bicarbonate</i>		
<i>ethanol, sodium sulfite, sodium</i>		
<i>thiosulfate, dichloroethane, toluene,</i>		
<i>THF, sodium iodide, hydrochloric</i>		
<i>acid, acetic acid, chloroform</i>		

Trace amounts of nickel

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 S. Cleland
Signature of Supervisor

5-17-12
Date

DATE RECEIVED DHS:	CONTROL #:
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329 - COPPER

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 329 or 355
Physical State:	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Quartz columns packed with COPPER oxide	—	18
	—	18

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
Signature of Supervisor

29 MAY 2012
Date

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: 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-UM1		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.

 5-30-2012

 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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329 - solvent

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 329 or 355
Physical State: LIQUID	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent mix - UM 1	100	1
Solvent mix - UM 1	100	1
	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
Signature of Supervisor

19 MAY 2012
Date

DATE RECEIVED DHS:	CONTROL #:
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**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

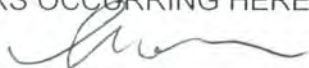
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Mark T. Hamann</i>	Department: <i>pharmacognosy</i>
Building: <i>Faser Hall</i>	Room #: <i>354</i>
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Hexane</i>	<i>25</i>	
<i>EtOAc</i>	<i>25</i>	
<i>MeOH</i>	<i>25</i>	
<i>water</i>	<i>25</i>	

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

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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: <i>Mark T. Hamann</i>	Department: <i>pharmacognosy</i>
Building: <i>Faser Hall</i>	Room #: <i>354</i>
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Hexane</i>	<i>25</i>	
<i>EtOAc</i>	<i>25</i>	
<i>MeOH</i>	<i>25</i>	
<i>Water</i>	<i>25</i>	

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.

[Handwritten Signature]

 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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355: organic azides
NO halogenated solvents!

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 329 of 355
Physical State: Liquid/solids Samples	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Diazide waste		1 box
Diazide waste	} no halogenated solvents	1 box
Diazide waste		1 box
Diazide waste		1 box
Low molecular weight azide containing molecules.		
		4 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.


Signature of Supervisor

29 MAY 2012
Date

DATE RECEIVED DHS:	CONTROL #:
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355: Organic Samples

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 329 or 355
Physical State: samples	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
100 - per tray Organic Waste	—	100
100 - per tray Organic Waste (20 mL vials / 1 mL vials)	—	100
4 vials (1 box) phosphoric acid waste: STRONG ODOR		4 (20 mL vials)
		(200 + 4 acid)

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
Signature of Supervisor

29 MAY 2012
Date

DATE RECEIVED DHS:	CONTROL #:
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355: Toxic

THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser	Room #: 329 or 355
Physical State: liquid	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
D aunorubicin waste		1 - 4L
solvents: chloroform		
methanol		
diethyl ether		
water		
1 empty carbon monoxide cylinder	-	1
		1-4L

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.

1-carbon monoxide cylinder

John A. Rimoldi
Signature of Supervisor

29 MAY 2012
Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>6691</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Bowins + ethanol</i>		
<i>↳ pyruvic acid</i>		

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 _____ *6/1/12*
Signature of Supervisor Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>6691</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Clarity</i>		<i>2-1 gal bottles</i>

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 *6/1/12*

 Signature of Supervisor Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>66991</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Ethanol</i>	<i>2-1gal</i>	<i>bottles</i>

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 *6/1/12*
Signature of Supervisor Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>3 Liquid</i>	Phone #: <i>6691</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Methylene Chloride</i>	<i>25%</i>	
<i>hexanes</i>	<i>25%</i>	
<i>acetone</i>	<i>25%</i>	
<i>methanol</i>	<i>25%</i>	
	<i>100%</i>	

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 *6/1/12*
 Signature of Supervisor Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>6691</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>~ 3% HNO₃ w/ Silver</i>	<i>4 - 4</i>	<i>Liter bottles</i>

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 _____ *6/1/12*
Signature of Supervisor Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>6691</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>para formaldehyde</i>	<i>1 gallon</i>	<i>bottle</i>

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

6/1/12

Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>6691</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Dimethylbenzanthracene</i>	<i>~1 ppm</i>	

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

6/11/12
Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Liquid</i>	Phone #: <i>66291</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Benz(a) pyrene</i>	<i>~1 ppm</i>	

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

6/1/12
Date

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: <i>Kristie Willett</i>	Department: <i>Pharmacology</i>
Building: <i>Old Power Plant</i>	Room #: <i>104</i>
Physical State: <i>Solid/liquid</i>	Phone #: <i>6621</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Phenol + tubes + tips used to dispense phenol</i>		
TOTAL	<i>450 lbs</i>	

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 _____ *6/11/12*
 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
 DEPARTMENT OF HEALTH & SAFETY
 915-5433

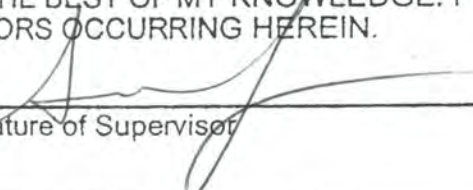
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seangbong Jo	Department: Pharmaceutics
Building: Faser Hall	Room #: 102
Physical State: liquid	Phone #: 662 915-5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ethyl acetate	15	
Acetonitrile	15	
Acetone	15	
2-propanol	15	
Water	270	
Ether	10	
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 6/4/12

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Seongbong Jo</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faser Hall</i>	Room #: <i>104</i>
Physical State: <i>liquid</i>	Phone #: <i>662 915-5165</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>THF</i>	<i>40</i>	
<i>Water</i>	<i>30</i>	
<i>Acetonitrile</i>	<i>30</i>	
<i>X</i>		
TOTAL	<i>100</i>	

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 *6/4/12*

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:	Department: <i>NCNPR</i>
Building: <i>Thad Cochran Research Center</i>	Room #: <i>3024</i>
Physical State:	Phone #: <i>1313</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Benzene</i>		
<i>Benzene</i>		
<i>Benzene</i>		

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

5-29-12
Date

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: <i>Dr. Replka</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faser</i>	Room #: <i>112 B</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Solvent Mix - UM 1</i>		<i>20L</i>
		<i>20L</i>

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile		60%
Methanol		40%
		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.


06/06/2012

 Signature of Supervisor Date

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Acetonitrile		60%
Methanol		40%
		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.



06/06/2012

Signature of Supervisor

Date

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: Clint Williford	Department: Chemical Engineering
Building: Anderson Hall	Room #: 221
Physical State: solid liquids and gases	Phone #: x7023

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium Nitrate	50%	1
1-butyl-3-methylimidazolium chloride	90%	2
1-ethyl-3-methylimidazolium		
trifluoromethane sulfonate	90%	3
Aluminium boron nitride	20%	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 _____

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: Clint Williford	Department: Chemical Engineering
Building: Anderson Hall	Room #: 221
Physical State: solid liquids and gases	Phone #: x7023

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
petroleum ether	50%	1
cetyl pyridium Bromide	50%	1
lithium trifluoromethanesulfonimide	98%	3
Hexyltrimethylammonium Bromide	97%	2
12 hydroxystearic acid	90%	1
Sodium dicyanamide	90%	1
1-ethyl 3-methylimidazolium bromide	95%	4
ionic liquids	50%	10
lithium bromide	50%	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

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: Clint Williford	Department: Chemical Engineering
Building: Anderson Hall	Room #: 221
Physical State: solid liquids and gases	Phone #: x7023

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
methanol	99%+	5
broken glass		
ethanol	99%+	3
Acetone	99%+	3
chloroform	99%+	4
Methylene chloride	99%+	1
Acetonitrile	99%+	1
styrene	50%+	10
surfactant	50%+	10

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 #:
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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: <i>Dr Amala Dass</i>	Department: <i>Chemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>359</i>
Physical State: <i>liquids, solids</i>	Phone #: <i>601 594 9197, 662-915-7605</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
15 gallons with slugs		20 # x 5L
<i>solvent waste bottles (Toluene, Meth and, Acetone)</i>		<i>5 # x 5L</i>

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
Signature of Supervisor

June 11, 2012
Date

DATE RECEIVED DHS:	CONTROL #:
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**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

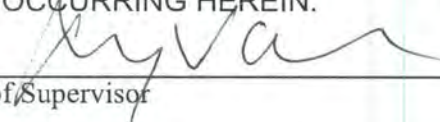
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: 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		37%
Methanol		53%
Water		9.8%
Glacial Acetic Acid		0.2%
	3 X 20 Litres	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.


06/14/12

 Signature of Supervisor Date

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: <i>Dr. Replea</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faber</i>	Room #: <i>112 A</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Solvent-Mix - UM-1</i>		<i>20L</i>

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]
Signature of Supervisor

06/18/12
Date

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: <u>Dr. Replca</u>	Department: <u>Pharmaceutics</u>
Building: <u>Faser</u>	Room #: <u>112-B</u>
Physical State: <u>liquid</u>	Phone #: <u>915-7641</u>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<u>Solvent Mix - UM-1</u>		<u>20L</u>

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]
Signature of Supervisor

06/18/12
Date

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:	Department:
Building: <i>Lewis Hall</i>	Room #:
Physical State: <i>Liquid</i>	Phone #: <i>901-831-4829</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Propylene Glycol</i>	<i>25-30</i>	<i>1</i>
<i>Triton X</i>	<i>5-10%</i>	<i>1</i>
<i>Water</i>	<i>60-70%</i>	<i>1</i>

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.

Luigi Cremaldi *6/22/12*
 Signature of Supervisor Date

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:	Department:
Building: <i>Lewis Hall</i>	Room #:
Physical State: <i>Liquid (in container)</i>	Phone #: <i>901-831-4829</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>H₂O</i>	<i>40-45%</i>	
<i>Ammonium Thiosulfate</i>	<i>40-45</i>	
<i>Sodium Acetate</i>	<i>5-10</i>	
<i>Boric Acid</i>	<i>1-5</i>	
<i>Ammonium Sulfite</i>	<i>1-5</i>	
<i>Acetic Acid</i>	<i>1-5</i>	

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.

Lucian Cremaldi
Signature of Supervisor

6/22/12
Date

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
 DEPARTMENT OF HEALTH & SAFETY
 915-5433

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seanghong Jo	Department: Pharmaceutics
Building: Faser Hall	Room #: 102
Physical State: liquid	Phone #: 662 915-5165

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
CH_2Cl_2	15	
Acetonitrile	15	
THF	15	
Ethyl acetate	15	
Ethyl Ether	15	
Water	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.

Signature of Supervisor

Date

2/29/12

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: <i>Dr Repka</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faser</i>	Room #: <i>112 A</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Solvent Mix - UM-1</i>		<i>20L</i>

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.

[Handwritten Signature]

07/23/12

Signature of Supervisor

Date

DATE RECEIVED DHS:	CONTROL #:
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662-915-7040

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	Department:
Building:	Room #:
Physical State: <i>Liquid</i>	Phone #: <i>901-831-4829</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Water</i>	<i>70-75%</i>	<i>1</i>
<i>Aluminum Sulfate</i>	<i>15-20%</i>	<i>1</i>
<i>Sulfuric acid</i>	<i>11%</i>	<i>1</i>

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Lucien Cremaldi *6/22/12*
Signature of Supervisor Date

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: <i>HOLLIS</i>	Department: <i>CHEMISTRY & BIOCHEM</i>
Building: <i>COULTER</i>	Room #: <i>402</i>
Physical State: <i>LIQUID</i>	Phone #: <i>EXT. 7874</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Acetone</i>	<i>60%</i>	
<i>Methylene Chloride</i>	<i>20%</i>	
<i>DMSO</i>	<i>5%</i>	
<i>Acetonitrile</i>	<i>5%</i>	
<i>Ethyl acetate</i>	<i>5%</i>	
<i>Isopropanol</i>	<i>5%</i>	
		<i>5x20L</i>

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.

J. Keen Hale *6/19/12*

 Signature of Supervisor Date

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: Dr. Elshly	Department: Waller's 106, NPK
Building: Waller's	Room #: 105
Physical State:	Phone #: 662-915-1708

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix - UM - 1		5 x 20L
		100L

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.

M. Rodwan 06/27/12

 Signature of Supervisor Date

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: Dr. Replka	Department: Pharmaceutics
Building: Faser	Room #: 112 B
Physical State: Liquid	Phone #: 915-7641

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix - UM-1		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 07/16/12

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>mercury tubes</i>		

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.

Thomas O. Gomeran *7/19/12*
 Signature of Supervisor Date

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: <i>Hollis</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: <i>402</i>
Physical State:	Phone #: <i>662-915-7874</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Mercury</i>	<i>100%</i>	

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.

J. Hollis
 Signature of Supervisor _____ Date *7/23/12*

DATE RECEIVED DHS:	CONTROL #:
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THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433

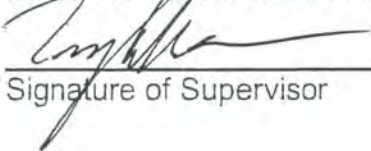
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. Troy Smillie</i>	Department: <i>NCNPR</i>
Building: <i>NCNPR</i>	Room #: <i>3051</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-1067</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Chloroform (EZ faast Org. Solution I)</i>		<i>6mL x 4 = 24mL</i>
<i>ISO-octane (EZ faast Org. Solution II)</i>		<i>50mL</i>
<i>n-Propanol (EZ faast Eluting Component II)</i>		<i>40mL</i>
<i>n-Propanol (EZ faast washing solution)</i>		<i>90mL</i>
<i>Propional (EZ faast Internal Std. Solution)</i>		<i>50 mL</i>
<i>EZ faast Organic Solution 1</i>		<i>2mL x 2 = 4 mL</i>
TOTAL		<i>258mL</i>

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

8/14/2012

Date

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: <i>Dr. Troy Smillie</i>	Department: <i>NENPR</i>
Building: <i>NENPR</i>	Room #: <i>3051</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-1067</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>1N HCl (EZ faast acid solution)</i>		<i>60mL</i>
<i>NaOH (EZ faast Eluting component I)</i>		<i>60mL</i>
<i>EZ faast organic solution 2</i>		<i>2mL x 2 = 4 mL</i>
<i>EZ faast organic solution 3</i>		<i>2mL x 2 = 4 mL</i>
<i>Oxalate Standards 1mM/L</i>		<i>25mL x 6 = 150 mL</i>
	<i>5</i>	<i>5</i>
TOTAL		<i>278 mL</i>

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.

Troy Smillie

Signature of Supervisor

8/14/2012

Date

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: <i>Dr. Troy Smillie</i>	Department: <i>NENPR</i>
Building: <i>NENPR</i>	Room #: <i>3051</i>
Physical State: <i>Solid</i>	Phone #: <i>915-1067</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Oxalate Reagent A</i>		<i>~2g x 8 = 16g</i>
<i>Oxalate Reagent B</i>		<i>~2g x 3 = 6g</i>
<i>Sample Diluent</i>		<i>~5g x 4 = 20g</i>
		⚡
TOTAL		<i>42g</i>

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]

Signature of Supervisor

8/14/2012

Date

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: <i>Dr. Troy Smillie</i>	Department: <i>NLNPR</i>
Building: <i>NLNPR</i>	Room #: <i>3008</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-1067</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Potassium Hydroxide, 5% in EtOH</i>		<i>~ 100 mL</i>
<i>Unknown Sample (Label cannot see)</i>		<i>not know.</i>
TOTAL:		<i>100 mL</i>

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

8/14/2012

Date

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: James Cizdziel	Department: Chemistry and Biochemistry.
Building: Coulter Hall	Room #: 128 (in hood)
Physical State: liquid	Phone #: 915-1814

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Nitric acid (~5%), Hydrochloric acid (~2%)	%	2.5 L
Nitric acid (~5%), Hydrochloric acid (~2%)	%	2.5 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.

James Cizdziel
8/30/12
 Signature of Supervisor Date

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix-UM1		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.

7/10/12

 Signature of SupervisorDate

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: Dr. S.N.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	20 %	
Acetonitrile	75 %	
Water	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 09/05/2012

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: Dr. S.N.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	20 %	
Acetonitrile	75 %	
Water	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.


09/05/2012

 Signature of Supervisor Date

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: Kevin Schrader	Department: USDA
Building: Thad Cochran Research Center	Room #: 2045
Physical State: Liquid	Phone #: 662-915-1144

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
0.1% Crystal Violet		300 mL
0.1% Congo Red Dye		250 mL
Sulfuric Acid		15 mL
80% Acetic Acid		10 mL
80% Acetic Acid		5 mL
Compounds + Plant Based Extracts in dram vials in EtOH, MeOH, DCM, or Acetone		2 small 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 9-12-12
 Signature of Supervisor Date

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: <u>LAGUDA</u>	Department: <u>NCPA</u>
Building:	Room #: <u>1093</u>
Physical State:	Phone #: <u>3945</u>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<u>500 mL acrylamide</u>		<u>500 mL</u>
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

09/25/12
Date

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: <i>Dr Repka</i>	Department: <i>Pharmaceutics</i>
Building: <i>Faser</i>	Room #: <i>112 B</i>
Physical State: <i>liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Solvent mix - UM 1</i>		<i>20L</i>
<i>[Large handwritten scribble]</i>		

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.

[Handwritten Signature] _____ *09/12/12*
 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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2 bottles, 6 L
aspirin
acetylsalicylic acid
sodium hydroxide
iron (II) chloride

4 bottles, 6 L
hexane
acetic acid
bromobenzene
ethanol
vanillin
acetone
Sodium bicarbonate
Cyclohexanone
p-methoxybenzaldehyde
p-methylbenzaldehyde
benzaldehyde
sodium hydroxide

1 bottle, 1 L
2,3-dimethyl-2,3-butanediol
sulfuric acid
sodium chloride
anhydrous sodium sulfate
magnesium sulfate

4 bottles, 11 L
hydrobromic acid
ethanol
acetic acid
dichloromethane
petroleum ether
nitric acid
sulfuric acid

Mercury Waste

1 Full Box of Sharps

2 bottles, 4 L
potassium hydroxide
sulfuric acid
aluminum
ethanol

3 bottles, 12 L
trans-cinnamic acid
bromine
acetic acid
acetone
isopentyl alcohol
sulfuric acid
ethanol
sodium bicarbonate
magnesium sulfate
Dimethylformamide
Ethanol
Iodoethane
Ethyl acetate
Acetic acid
Methanol

3 bottles, 10 L
dichloromethane
sucrose
aspirin
phenacetin
sodium bicarbonate
hydrochloric acid
ibuprofen
acetaminophen
salicylamide
caffeine
ethyl acetate
acetic acid
ethanol
acetone

Chemistry -

Waste Removal Request

9.27.12

27 Bottles, 73.5 Liters

1 bottle, 3.5 L

Sulfuric acid

Nitric acid

Naphthalene

nitronaphthalene

Hexanes

Petroleum ether

hydrobromic acid

Acetic acid

Ethanol

Dichloromethane

1 bottle, 1 L

acetic acid

isopentanol

isopentyl acetate

sulfuric acid

ethanol

Acetaminophen

Aspirin

Ibuprofen

cyclohexanes

1 bottle, 1 L

sodium thiosulfate

acetic acid

3 bottles, 11 L

malonic acid

Manganese sulfate monohydrate

sulfuric acid

hydrogen peroxide

potassium iodate

starch

2 bottles, 7 L

lead (II) nitrate

copper (II) nitrate

zinc (II) nitrate

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. Hollis</i>	Department: <i>Chemistry</i>
Building: <i>Coulter</i>	Room #: <i>402</i>
Physical State: <i>Liquid</i>	Phone #: <i>662-915-</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Acetone</i>	<i>60%</i>	
<i>Dichloromethane</i>	<i>30%</i>	
<i>Toluene</i>	<i>2%</i>	
<i>Trace dimethylamine</i>	<i>0.01%</i>	
<i>Acetonitrile</i>	<i>5%</i>	
<i>DMSO</i>	<i>2%</i>	
<i>DMF</i>	<i>1%</i>	
<i>Trace-4-pentene nitrile</i>	<i>0.01%</i>	

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.

J. Klein Holt *9/12/12*
 Signature of Supervisor Date

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

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Solvent Mix		2
KMnO ₄ waste (3)		
Cyanide waste (1)		
MnO ₂ waste (1)		
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.

John M. Rimoldi
Signature of Supervisor

9/25/2012
~~04/15/2013~~
Date

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: <i>DAYAN</i>	Department: <i>USDA</i>
Building: <i>NPU</i>	Room #: <i>2008</i>
Physical State: <i>Liquid</i>	Phone #: <i>1039 / 1016</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Ether/Benzin 1:9 v/v</i>		<i>~200ml layer</i>
<i>MeOH 67% 33% Aqueous</i>		<i>bottom layer of</i>
<i>4% KOH NaCl</i>		<i>2 g ds.</i>

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] _____ *10/9/12*
Signature of Supervisor Date

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: <i>Frank Dayton</i>	Department: <i>USDA; NPURU</i>
Building: <i>Theo Cochran Research Center</i>	Room #: <i>2008</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-1246</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Tris/Acetic Acid/EDTA - Ethidium Bromide</i>	<i>≈ 0.03%</i>	<i>≈ 2L</i>

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.

[Handwritten Signature]
Signature of Supervisor

10/9/12
Date

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: <i>Dr. Z. Pan</i>	Department: <i>USDA ARS</i>
Building: <i>Natural Products</i>	Room #: <i>2023</i>
Physical State: <i>Liquid</i>	Phone #: <i>915-1548</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>TAE with Ethidium Bromide</i>	<i>< 0.1%</i>	<i>4 Liters</i>
<i>TAE with Ethidium Bromide</i>	<i>< 0.1%</i>	<i>2 Liters</i>
<i>Phenol/Chloroform with Beta Merc</i>	<i>< 0.1%</i>	<i>3 Liters</i>
<i>Guandine isothiocyanate, Beta Merc</i>	<i>< 0.1%</i>	<i>1 liter</i>

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] *10-9-2012*

 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

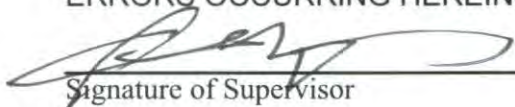
REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <u>DAYAN</u>	Department: <u>USDA</u>
Building: <u>NPU</u>	Room #: <u>2008</u>
Physical State: <u>Liquid</u>	Phone #: <u>1039 / 1016</u>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<u>Ether / Benzin (1:1)</u>		<u>2 liters</u>
<u>Solvent Mix UM-1</u>		<u>20L</u>

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.



10/9/12

Signature of Supervisor

Date

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: Kumudini Meepagala NPC	Department: USDA 3006
Building: solid	Room #: 915-1138
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Sodium Hydride (unopened can)		500g

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: 10/11/12

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: <i>James V. Cizdziel</i>	Department: <i>Chemistry</i>
Building: <i>Coulter Hall</i>	Room #: <i>128</i>
Physical State:	Phone #: <i>662-915-1814</i>

The contents will be located in the hood, there will be 3, 2.5 Liter Bottles of spent Ultra High Purity Pump Oil

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>Ultra High Purity Pump Oil</i>	<i>100%</i>	<i>3-2.5 Liter Bottles</i>

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.

Jan Cizdziel
Signature of Supervisor

10/12/12
Date

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: <i>Dr. Replea</i>	Department:
Building: <i>Faber</i>	Room #: <i>112 B</i>
Physical State: <i>liquid</i>	Phone #: <i>915-7641</i>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>SOLVENT MIX - UM-1</i>		<i>20 L</i>

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]
Signature of Supervisor

10-12-12
Date

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: <u>Dr. Repka</u>	Department: <u>Pharmaceuticals</u>
Building: <u>Faser</u>	Room #: <u>112 B</u>
Physical State: <u>liquid</u>	Phone #: <u>915-7641</u>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<u>solvent mix - UM-1</u>		<u>20L</u>

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 10-11-12 Date

DATE RECEIVED DHS:	CONTROL #:
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1 bottle, 1 L
acetic acid
sulfuric acid
3-methyl-butanol
dichloromethane

1 bottle, 3 L
benzaldehyde
4-methyl benzaldehyde
4-methoxy benzaldehyde
acetone
cyclopentanone
cyclohexane
sodium hydroxide
ethanol
acetic acid
diethyl ether
magnesium
sodium chloride
hexanes
hydrochloric acid
magnesium sulfate
benzophenone
phenyl magnesium bromide
sodium bicarbonate

1 bottle, 3L
dichloromethane
petroleum ether
diethyl ether
magnesium
bromine
acetic acid
ethanol
ethyl acetate

3 Sharps containers

Waste Disposal Request
October 26, 2012
Total: 35 bottles
& 3 sharps containers

5 bottles, 20 L
Dichloromethane

3 bottles, 10 L
trans-cinnamic acid
glacial acetic acid
bromine

10 bottles, 35 L
fluorescein disodium salt
sodium hydroxide
hydrochloric acid

6 bottles, 21 L
aluminum
potassium hydroxide
sulfuric acid
ethanol

4 bottles, 8 L
acetone
hexanes
ethyl acetate

3 bottles, 7 L
ethyl acetate
acetic acid
dichloromethane
aspirin
ibuprofen
caffeine
acetaminophen
salicylamide
alpha-enellandrene
petroleum ether
diethyl ether

1 bottle, 1 L
dichloromethane
magnesium sulfate

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY**

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: <i>Dr. Amala Dass</i>	Department: <i>chemistry and Biochemistry.</i>
Building: <i>Coulter Hall</i>	Room #: <i>357</i>
Physical State: <i>Liquid + solids</i>	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<i>(A) Gold and silver nanoparticle + solvent H₂O/Acetone/ and thiois. Toluene/CH₂Cl₂/MeOH/ Acetonitrile</i>		<i>3</i>
<i>(B) solvent wastes (H₂O/Acetone/MeOH/Toluene/CH₂Cl₂) Acetonitrile</i>		<i>2</i>
<i>(C) Acid wastes (HCl/HNO₃)</i>		<i>2</i>

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] _____ *Nov 12, 2012*
Signature of Supervisor Date

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: 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-UM1		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.


11-01-2012

 Signature of Supervisor Date

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: Dr. John Rimoldi	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 329
Physical State: Liquid	Phone #: 662-915-8865

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Carboy	Solvent mix (M)	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 _____

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: <u>Mohamed Radwan</u>	Department: <u>Coy Waller lab/NCNPR</u>
Building: <u>Coy Waller lab</u>	Room #: <u>105</u>
Physical State: <u>Solvent Mix</u>	Phone #: <u>1708</u>

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
<u>Solvent Mix - UM-1</u>		<u>80 L</u>

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.

M. Radwan 11/12/12
 Signature of Supervisor Date

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: Mohamed Radwan, Ph.D.	Department: NCNPR
Building: Waller Labs	Room #: 105
Physical State:	Phone #: 5928

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
solvent mix UM-1		
		60 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.

Linda Spears *12/14/12*

 Signature of Supervisor Date

DATE RECEIVED DHS:	CONTROL #:
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