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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Jollis

Department: (hemstr

Phone #	:	
N OF THE M	IATERIAL	
	% or ppm	Quantity
	85	7
	5	
	5	SYOL
	5	
	- 1	
		, .
		40L
radioactive S) LISTED A	materials; and T BOVE IS TRUE RESPONSIBIL	HAT THE AND CORRECT ITY FOR ANY
		Date
CONTR	ROL.#·	
	radioactive S) LISTED A TAKE FULL	this form does NOT contain radioactive materials; and TS) LISTED ABOVE IS TRUE TAKE FULL RESPONSIBIL

Supervisor:

Building.

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

Chemical Components	% or ppm	Quantity
Mixture of solvents (DCM, MeOH, Hexanes and Ethyl acetate)		
		11.1
		120

Signature of Supervisor		Date 01/09/12
DATE RECEIVED DHS:	CONTROL #:	

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

Supervisor: Dr. Amal Dass	Department: Chemistry & Bischemistry		
Building: Coulter Hall	Room #: 357/359		8
Physical State: guid	Phone #: 662-915-7605		
IDENTIFICATIO	N OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
Toluene			
Acetone			F 0
Methanol			
Water			
Dichloromethane			
Acetonitrile			
Thiols			
Ethylacetate.			
Heæane			
I hereby certify that the material listed on infectious material, pesticides, PCB's or IDENTIFICATION OF THE MATERIAL(STO THE BEST OF MY KNOWLEDGE, I ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive r	naterials; and TH BOVE IS TRUE	AND CORRECT
DATE RECEIVED DHS:	CONTR	OL #:	

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

Supervisor: John Williamson	Department: Medicinal Chemistry		emistry
Building: Faser	Room #: 430		
Physical State: Solid	Phone #:		
IDENTIFIC	CATION OF THE MA	ATERIAL	
Chemical Components		% or ppm	Quantity
Silca gel, sodium sulfate			500g
hereby certify that the material list infectious material, pesticides, PC DENTIFICATION OF THE MATER O THE BEST OF MY KNOWLED RRORS OCCURRING HEREIN.	B's or radioactive m RIAL(S) LISTED AE DGE. I TAKE FULL	naterials; and T BOVE IS TRUI	THAT THE E AND CORRECT
ignature of Supervisor			Date

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

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.

O1/17/2012

Signature of Supervisor

Date

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

DATE RECEIVED DHS:	CONTROL #:

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S. N. mwsthy	Department: Pharmoceutices
Building: fasel Hall	Room #: 104
Physical State: liquid	Phone #: 662 - 915 - 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
Acetonimile			60%
methano!			40.1-
,			
	7	40	
	TOTAL		180.1.

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 #:

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S. N. Murthy	Department: Pharmaceutices
Building: faser Hall	Room #: 104
Physical State: liquid	Phone #: 662 - 915 - 5165

IDENTIFICATION OF THE MATERIAL .

Chemical Components	Α	% or ppm	Quantity
Acetonitrile			60%
Acetonitrile methanol			40%
	TOTAL		100011

Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:
Form: DHS-4-web	Rev. Jan.,2000

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Or. Cleland	Departm	ent: Chemis	Lvy
Building: coulter	Room #:		/
Physical State: Lig			
IDENTIFICAT	TION OF THE M	IATERIAL	
Chemical Components		% or ppm	Quantity
carbon disulfide			
acetic anhydride (3-	1000)		
Lithium disapropylamide	2		
mono (tetra hydro furan)) 1.5 M slr		
	TOTAL		
I hereby certify that the material listed infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN.	or radioactive m L(S) LISTED AE	naterials; and TH BOVE IS TRUE A RESPONSIBILI	AT THE AND CORRECT
Signature of Supervisor		D	ate
DATE RECEIVED DHS:	CONTR	OL #:	

Form: DHS-4-web

Rev. 03/07

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

Supervisor: John S. Willamson	Department: Medicinal Chemistry	
Building: Faser	Room #: 430	
Physical State: Solid	Phone #:	
IDENTIFICA	TION OF THE MATERIAL	
Chemical Components	% or p	pm Quantity
Silica gel, Sodium sulfate, filter paper	100	100g
		THE
hereby certify that the material listenfectious material, pesticides, PCB's DENTIFICATION OF THE MATERIOTO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	s or radioactive materials; AL(S) LISTED ABOVE IS	and THAT THE TRUE AND CORRECT
Signature of Supervisor		Date
DATE DECEMEN DUC	CONTENDOL III	
DATE RECEIVED DHS:	CONTROL #:	

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Repka	Department: Pharmaceutics		
Building: Forser	Room #; 1/2 B		
Physical State: Liquid	Phone #: 915 -	-7641	
IDENTIFICAT	TION OF THE MATERIAL		
Chemical Components	% or pp	om Quantity	
SOLVENT MIX - UM-1		20L	
To the state of th			
		20L	
hereby certify that the material listed infectious material, pesticides, PCB's DENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN.	or radioactive materials; a L(S) LISTED ABOVE IS T	IND THAT THE RUE AND CORRECT	
DATE RECEIVED DHS:	CONTROL #:		

FORM: DHS-004

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

Supervisor: Tomioka	Departm	Department: Chemistry	
Building: Coulter	Room #:	Room #: 406	
Physical State: Liquid	Phone #	Phone #: 5332	
IDENTIFICA	TION OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
Solvent Mix UM-01			10 Gallons
hereby certify that the material listed of the first of t	s or radioactive n AL(S) LISTED A	naterials; and Th BOVE IS TRUE	HAT THE AND CORRECT
7/1.7-6		- 5	1-26-2012
ONBERT JOHN	>		
ignature of Supervisor		Ι	Date

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
Solvent mix - um 1	100	1
Solvent MIX-UM 1	100	1

an Mamelan	Jan 28 2012
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

Other Waste + explosives toxic in compatibles 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
CH3-NH2 in H20 < 40 weight % di	ilute	1-10mL vial -hood
NH2=NH2 hydrate in EtoH		1-1 ml. Vial hood
Methyl trifluoromethane sulfonate in nit	homethane	1- 5mL vial -hood
Ethylene Glycol: H20	50:50	2-4L Bottles
Azide Waster - Nans, Haorem	HOH	2-4L Bothes
silica & Sulfonicacid waste		1-500 a Bottle
cyanide - Nach, KCN, Hzu		1-4L Bottle - hood

Signature of Supervisor	Jan 28 2012 Date	
DATE RECEIVED DHS:	CONTROL #:	

Heavy Metal Waster

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		1-500a bottle
(abalt Waste - cobalt, 400		1-500 g bottle
Chromium Waste - chromium, silica		1 -500g bottle
Silver waste - silver, celite		1 - 500g bottle
		0

AM Rundle	Jan 28 2012
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Melissa Jacob	Department: NCNPR		
Building: Thad Cochran	Room #: B016		
Physical State: Liquid	Phone #	4	•
IDENTIFICATION	N OF THE M	MATERIAL	
Chemical Components		% or ppm	Quantity
95 / E+OH		95%.99	50 L
Ethal Ac	etate		10 L
	TOTAL		(001-
hereby certify that the material listed on to fectious material, pesticides, PCB's or range of the material of the material (S) O THE BEST OF MY KNOWLEDGE. I TAKE RRORS OCCURRING HEREIN	dioactive m	aterials; and T OVE IS TRUE	HAT THE AND CORRECT
ignature of Supervisor			Date

Rev. Jan.,2000

Form: DHS-4-web

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seonghone Jo	Department: Pharmaceutis	
Building: Faser hall	Room #: /02	
Physical State: /iquid	Phone #: 662 915 5165	

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
Ethyl Aletate		15	
Water		50	
Acetone		15	
Ether .		15	
Methanol		2	
Orchloranethorne		3	
	TOTAL	100	

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

Signature of Supervisor

Date

DATE RECEIVED DHS:	CONTROL #:
BITTE TRECEITED BITCH	

Form: DHS-4-web

Rev. Jan., 2000

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 ppn	n Quantity
Acetonitrile	33%	
Methanol	46%	
Water	20.8%	
Glacial Acetic acid	0.1%	
O-Phosphoric acid	0.1%	
	100%	3 X 20 Lit Containers

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Amala Dass	Department: Chemistry		
Building: Coultee Hall	Room #: 359		
Physical State: Liquids	Phone #: 662 - 915 - 7605		
IDENTIFICAT	ION OF THE MATERIAL		
Chemical Components	% or ppn	n Quantity	
Thiol wastes		201 can	
Paraffin pil waste		5 L bottle	
Acid waste - Hel, HI		54 bottle	
Sdvent waste - Acctone, Ton	luene, McHanol	5h bottle	
Chemical waste- Actions of	olnere, Metheriol	5L bettle	
Empty bottles (SL)		3 x 51 bottles	
hereby certify that the material listed infectious material, pesticides, PCB's of DENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive materials; an L(S) LISTED ABOVE IS TR	IN THAT THE RUE AND CORRECT	
DATE RECEIVED DHS:	CONTROL #:		

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seong bong Jo	Department: Pharmaceutics	
Building: Faser hall	Room #: /02	
Physical State: /iguid	Phone #: 662 9/5 5/65	

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
Water		40	
Ether		10	
Acetonstrile		10	
THE		20	
Ethyl Acetate		10	
Acetone		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

CONTROL #:

Form: DHS-4-web

Rev. Jan., 2000

THE UNIT FESITY OF MISSISSIPPI DEPARTME OF HEALTH & SAFETY -5433 FAX (662) 915-5480

REQUEST FOR DI ! OF HAZARDOUS CHEMICALS

Room #: \\	Pharmac B	
Phone #:		
	Phone #: 915 -7641	
F THE MAT	ERIAL	
	% or ppm	Quantity
		201
		201
	s form does	s form does NOT contain ioactive materials; and Th

DATE RECEIVED DHS:

CONTROL #:

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S. N. Muzthy	Department: Phermaceutices
Building: Fasez hall	Room#: 104
Physical State: Liquid	Phone #: 662 - 915 - 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
geetonitale			60%
methaniol			40%
-			
	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

DATE RECEIVED DHS:

CONTROL #:

Form: DHS-4-web

Rev. Jan., 2000

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. S. N. Murthy	Department: pharmaceutices
Building: faser hall	Room #: [04
	Phone #: 662 - 915 - 5165

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
aceto withile			60%.
methano			407.
	TOTAL		10001

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

Signature of Supervisor Date

DATE RECEIVED DHS: CONTROL #:

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

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

Supervisor: Dr. ElSohly	Department: NCNPR	
Building: Coy Waller	Room #: 105	
Physical State: Liquid Mix	Phone #: 1708	
IDENTIFICA	ATION OF THE MATERIAL	
Chemical Components	% or ppm	Quantity
Solvent Mix-UM-1		120 L
hereby certify that the material liste	ed on this form does NOT conta	in any nathogenic o
nfectious material, pesticides, PCB	's or radioactive materials: and	THAT THE
DENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLEDG	GE. I TAKE FULL RESPONSIB	LITY FOR ANY
ERRORS OCCURRING HEREIN.		01.01.
M-Rodwan	0	3/04/12
Signature of Supervisor		Date
DATE RECEIVED DHS:	CONTROL #:	

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

Tak Edit	
100.0%	2 (3ml. each)
various	1 (<1 ounce)
100.0%	3 (powder form)
	-
	-

South Control of the		02.15.2012	
Signature of Supervisor		Date	
DATE RECEIVED DHS:	CONTROL #:	,	-

Waste Removal Request March 16, 2012

- 1. 3 bottles, 11 liters total
 - o 1-hexanol
 - o iodine
 - o sodium borohydride
 - o tetrahydrofuran
 - o hexanes
 - o potassium carbonate
 - o sodium thiosulfate
- 2. 1 bottle, 2 liters total
 - o trans-cinnamic acid
 - o bromine
 - o acetic acid
 - o 2,3 dibromo 3-phenyl propanoic acid
 - o ethanol
- 3. 1 bottle, 3.5 liters total
 - o acetic acid
 - o isopentyl alcohol
 - o isopentyl acetate
 - o sulfuric acid
- 4. 1 bottle, 3 liters total
 - o isopropanol
 - o hexanes
- 5. 1 bottle, 3 liters total
 - o p-toluenesulfonyl chloride
 - o quinhydrone
 - o benzoyl chloride
 - o isothiocyanates
 - o iodomethane
 - o picric acid
- 6. 1 bottle, 2.5 liters
 - o isopentyl alcohol
 - o isopentyl acetate
- 7. 4 bottles, 10 liters total
 - o potassium hydroxide
 - o sulfuric acid
 - o ethyl alcohol

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

Supervisor:	D	Department:	
Building:	R	Room #:	
Physical State:	P	Phone #:	
IDENTIF	ICATION OF	THE MATERIAL	
Chemical Components		% or ppm	Quantity
Please see attached	/		
1102100 000 0177001			
I hereby certify that the material I infectious material, pesticides, Policy IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLE ERRORS OCCURRING HEREIN Signature of Supervisor	CB's or radioa ERIAL(S) LIST DGE. I TAKE	ctive materials; and TH ED ABOVE IS TRUE A FULL RESPONSIBILIT	any pathogenic or AT THE AND CORRECT TY FOR ANY
DATE RECEIVED DHS:	С	ONTROL #:	

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

Room #: B090 Phone #: x7965 THE MATERIAL	
THE MATERIAL	11
% or ppm	Quantity
99.7%	1 liter
	-

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Melissa Jacob	Departn	nent: NCN	PR
Building: Thad Cochran	Room #	B016	
Physical State: Liguid	Phone #	14 6 6 6	
IDENTIFICATION	N OF THE N	MATERIAL	
Chemical Components		% or ppm	Quantity
95% EtOH		95% 99	
Solven + mix-um 1			15 gA1
box of misc vials of DMSO			
	TOTAL		
nereby certify that the material listed on the fectious material, pesticides, PCB's or rate in the material listed on the section of the MATERIAL(S) of the BEST OF MY KNOWLEDGE. IT ARRORS OCCURRING HERBITAL	dioactive m	aterials; and TH OVE IS TRUE A RESPONSIBILIT	HAT THE AND CORRECT
gnature of Supervisor			ate
ATE RECEIVED DHS:	CONTRO	of #:	

Rev. Jan.,2000

Form: DHS-4-web

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

Supervisor: Tomioka	Department: Chemistry	
Building: Coulter	Room #: 406	
Physical State: Liquid & Solid	Phone #: 5332	
IDENTIFICA	ATION OF THE MATERIAL	
Chemical Components	% or ppm	Quantity
Solvent Mix - UM1		10 gallons
Solid waste (silica gel)		1 gallon
hereby certify that the material listenfectious material, pesticides, PCB'DENTIFICATION OF THE MATERIO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	s or radioactive materials; and AL(S) LISTED ABOVE IS TRU	THAT THE E AND CORRECT LITY FOR ANY
There In		3-11-2012
lignature of Supervisor		Date
DATE RECEIVED DHS:	CONTROL #:	

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

Supervisor: Leth Hollis	Departme	Department: Chemistry	
Building: Coulter Hall	Room #:	402	1 Vi
Physical State:	Phone #:		
IDENTIFICA	TION OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Acetare.		85%)
DMSO		ST	> 60 K 80L
Hexones		5%	
Isopropond		5%	
I hereby certify that the material listed infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDG ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive m AL(S) LISTED AE	aterials; and TOVE IS TRUE	THAT THE E AND CORRECT
DATE RECEIVED DHS:	CONTRO	DL #:	

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Ir Wei- In Chen	Department: Chemical Engineers
Building: Anderson Hall	Room#: 222
Physical State: LIQUID WASTE	Phone #: 662-915-5651

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Ace tone with dissolved bio-oil		24h bottle
Methanol (waste)) .
		7
Vacuum Pump waste vil		3 < 1 L
		//
		1
		45 Liters

Wei-fin Men	4-5-2012		
Signature of Supervisor	Date		
DATE RECEIVED DHS:	CONTROL #:		

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: MICHAEL A. REPKA	Department: PHARMACEUTICS
Building: FASER WALL	Room #: 112 A
Physical State: SOLVENTMIX-UM-1	Phone #: 662 915 12 33

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
METHA NOL		40	
ACETONITRILE		50	
WATER		(0)	
	TOTAL	1001	20 Litrus

this form does NOT contain any pathogenic or adioactive materials; and THAT THE LISTED ABOVE IS TRUE AND CORRECT TAKE FULL RESPONSIBILITY, FOR ANY
04/12/12
Date
CONTROL #:

Rev. 03/07

1 bottle – 4 liters sodium hydroxide phosphoric acid phenolthalein

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

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

Supervisor: John Wiginton	Department: Chemishy + Biochemistro			
Building: Coulter Hall	Room #: 246			
Physical State: Solids + Liquids	Phone #:	Phone #: 662-915-1853		
IDENTIFICATION	OF THE MA	TERIAL		
Chemical Components		% or ppm	Quantity	
Please see attached report.				
	1			
I hereby certify that the material listed on to infectious material, pesticides, PCB's or rail IDENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN. Signature of Supervisor	adioactive ma	aterials; and TH OVE IS TRUE RESPONSIBILI	HAT THE AND CORRECT	
DATE RECEIVED DHS:	CONTRO	CONTROL #:		

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

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

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
Acetonitrile Methanol		60 y.	
		344.	
Water		6 y.	
Y			
	TOTAL	100 7.	

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.

EKKOKS OCCOKKING HEKEIN.	04/25/2012
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Murthy.	Department: Pharmceutics	
Building: Faser Itall	Room#: LD4	
Physical State: Liguid	Phone #: 662-915-5165	

IDENTIFICATION OF THE MATERIAL

hemical Components		% or ppm	Quantity
Methanol		201.	
Water		8 1.	
formiz acid		2 1.	
Ace boitrile		60 4.	
	TOTAL	tooy.	
	IOTAL	(407.	

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.

ERRORS OCCURRING FIEREIN.		04/25/2012
Signature of Supervisor		Date
DATE RECEIVED DHS:	CONTROL #:	

Form: DHS-4-web

Rev. Jan.,2000

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

P915-1814 RIAL Or ppm Quanti	ty
RIAL	ty
	ty
or ppm Quanti	ity
)	
ı	OT contain any pathogials; and THAT THE E IS TRUE AND CORI

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

Supervisor: Dr. Cizdziel	Department: Chemistry		
Building: Coulter Hall	Room #: 128		
Physical State: Liquid	Phone #: 662-915-1814		
IDENTIFICA	ATION OF THE MATE	RIAL	
Chemical Components		6 or ppm	Quantity
100 ug/mL Quinine Sulfate			
0.08 M Sulfuric Acid			
0.05 M Sodium Bromide			
pH 1 Buffer			
H 6 Buffer			
	100		
hereby certify that the material listenfectious material, pesticides, PCB DENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	ed on this form does N's or radioactive mater	OT contain ials; and Th E IS TRUE A PONSIBILI	IAŤ THE AND CORREC
Signature of Supervisor			ate
And the Caper (1901		D	alo .

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

Supervisor: Dr. Cizdziel	Department: Chemistry			
Building: Coulter Hall	Room #:	Room #: 128		
Physical State: Liquid	Phone #:	Phone #: 662-915-1814		
IDENTIFIC	ATION OF THE MA	ATERIAL		
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		
hereby certify that the material list infectious material, pesticides, PCE DENTIFICATION OF THE MATERIO THE BEST OF MY KNOWLED ERRORS OCCURRING HEREIN.	3's or radioactive m RIAL(S) LISTED AE	aterials; and TI BOVE IS TRUE RESPONSIBILI	HAT THE AND CORRECT	
nghature or Supervisor			Jaic	
DATE RECEIVED DHS:	CONTRO	OT #-		

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	

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.

On Gie so	5-16-12	
Signature of Supervisor	Date	
DATE RECEIVED DHS:	CONTROL #:	

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

Supervisor: Dr. Cizdziel	Depart	ment: Chemistry	
Building: Coulter Hall	Room #: 128		
Physical State: Liquid	Phone #: 662-915-1814		
IDENTIFICAT	TION OF THE	MATERIAL	
Chemical Components		% or ppm	Quantity
Water		70	
KBr		20	
Methylene Chloride		10	
		100	
hereby certify that the material listed infectious material, pesticides, PCB's DENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive	materials; and THABOVE IS TRUE ABOVE IS TRUE	AT THE AND CORRECT
DATE RECEIVED DHS:	CONT	ROL#:	

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%	
hioglycolic Acid	64-67%	96
Hydrochloric Acid, Concentrated	26-28%	47
2,5-Dihydroxybenzoic Acid	< 2.0 %	
,5-Dihydroxynaphthalene-2, 7-Disulfanic Acid	< 2.0 %	47

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 HEREW.

Signature of Supervisor

5/16/17
Date

DATE RECEIVED DHS:	CONTROL #:	
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FORM: DHS-004

http://www.olemiss.edu/depts/safety/

Rev. 04/10

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

Supervisor: John Williamson	Departmen	nt: Medicinal C	hemistry	
Building: Faser Hall	Room #: 4	Room #: 430		
Physical State: Liquid	Phone #: 9	15-2014		
IDENTIFICAT	TON OF THE MA	TERIAL		
Chemical Components		% or ppm	Quantity	
Used Pump Oil		100	3 Ga	
hereby certify that the material listed infectious material, pesticides, PCB's DENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN.	or radioactive ma L(S) LISTED AB	aterials; and OVE IS TRU	THAT THE E AND CORRECT	
Signature of Supervisor)		Date	
DATE RECEIVED DHS:	CONTRO			

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

Supervisor: John Williamson	Department: Medicinal Chemistry
Building: Faser Hall	Room #: 430
Physical State: Liquid	Phone #: 915 2014
	ICATION OF THE MATERIAL % or ppm Ouant
IDENTIF Chemical Components Solid waste (silica gel, paper and mag	% or ppm Quant

	-	
I hereby certify that the material listerinfectious material, pesticides, PCB's	d on this form does NOT	contain any pathogenic or
IDENTIFICATION OF THE MATERIA	AL(S) LISTED ABOVE IS	TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDG	F I TAKE FULL RESPO	NSIBILITY FOR ANY
ERRORS OCCURRING HEREIM	E. I IMME I OLE MEDI O	NOIBIETT TORANT
Eritterio occortituito		0/24/
15(1)		5/20/17-
Signature of Supervisor		Date
organizate of outpervisor		Pate /
DATE RECEIVED DHS:	CONTROL #:	· /
DATE RECEIVED DIES.	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

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

Supervisor: Dr. John Wiginton	Departme	nt: Chemist	try	
Building: Couffer		Room #: 246		
Physical State: liquids + solids	Phone #: 662-915-1553		-1553	
IDENTIFICATION	N OF THE MA	TERIAL		
Chemical Components		% or ppm	Quantity	
Please see attached repor	<i>t.</i>			
I hereby certify that the material listed on infectious material, pesticides, PCB's or IDENTIFICATION OF THE MATERIAL(STO THE BEST OF MY KNOWLEDGE. I ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive m S) LISTED AB	aterials; and ThOVE IS TRUE	HAT THE AND CORRECT	
DATE RECEIVED DHS:	CONTRO	DL #:		

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

Supervisor: Kumudini Meepagala	Departme	nt: USDA	
Building: NPC	Room #:3006 Phone #:1138		Room #:3006
Physical State:liquid			
IDENTIFICA'	TION OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
chromic acid		100%	4L
hereby certify that the material listed infectious material, pesticides, PCB's DENTIFICATION OF THE MATERIATO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive ma AL(S) LISTED AB	aterials; and OVE IS TRU RESPONSIBI	THAT THE E AND CORRECT
DATE RECEIVED DHS:	CONTRO	T H	

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

Supervisor: Dr. Cleland	Department:	Chemi	sty
Building: Couller	Room #:	164	
Physical State: Lig	Phone #:		
IDENTIFICAT	TION OF THE MAT	ERIAL	
Chemical Components		% or ppm	Quantity
Tribuly phosphine			5ml bottle
Dicyclopentachene			500 g bottle
Sharps Container			5 gallon bucket
I hereby certify that the material lister infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN	s or radioactive mate AL(S) LISTED ABO	erials; and VE IS TRU SPONSIBI	THAT THE SE AND CORRECT ILITY FOR ANY
Signature of Supervisor			Date
DATE RECEIVED DHS:	CONTROL	#;	



Rev. 03/07

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Physical State: Lig	Phone #		
IDENTIFI	CATION OF THE M	IATERIAL	
Chemical Components		% or ppm	Quantity
glycine, sodium hydro	cide,		
glycine, sodium hydro	itric acid		
acetone phenolphth			
buller solution			
mounts of nickel	TOTAL		
I hereby certify that the material lis infectious material, pesticides, PCI IDENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLED ERRORS OCCURRING HEREIN.	ted on this form doe B's or radioactive m RIAL(S) LISTED AB	aterials; and TH OVE IS TRUE A RESPONSIBILIT	AT THE AND CORRECT TY FOR ANY
I hereby certify that the material lis infectious material, pesticides, PCIDENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLER	ted on this form doe B's or radioactive m RIAL(S) LISTED AB	aterials; and TH OVE IS TRUE A RESPONSIBILIT	AT THE AND CORRECT

Form: DHS-4-web



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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Building: Coulter Hall	Room #:	107	
Physical State: Lie	Phone #:		
IDENTIFICAT	ION OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
acetone, hexanes, toluen	e, ethyl		
acelate propancie acie	1		-
benzaldehyde dicyclope			
Sodium hydroxide, amm			
hydroxide isopropano) [
chloro form, THF			
mounts of nickel			
I hereby certify that the material listed infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive m L(S) LISTED AE	aterials; and TH BOVE IS TRUE RESPONSIBILI	AND CORRECT
organical of Supervisor		L	rate
DATE RECEIVED DHS:	CONTRO	DL #:	

Trace

Supervisor: Dr. Cleland



REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Cleland	Departme	ent: Chemis	stry
Building: Coulter	Room #:	106	
Physical State: Lig	Phone #:		
V	TION OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
perchloric acid, dower s	iow-x8 resi	0	
chromium			
	TOTAL		
I hereby certify that the material listed infectious material, pesticides, PCB's of IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN.	or radioactive ma L(S) LISTED AB LITAKE FULL F	aterials; and TH OVE IS TRUE A RESPONSIBILI	AND CORRECT
Signature of Supervisor	V	D	ate
DATE RECEIVED DHS:	CONTRO	DL #:	

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



REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Cleland	Departn	ment: Chemis	Try
Building: Coulter	Room #		1
Physical State: Lie	Phone #	Phone #:	
IDENTIFICA	ATION OF THE I	MATERIAL	
Chemical Components		% or ppm	Quantity
carbon disulfide, Dimeth	y Sormanide		
ammonium hydroxide metha			
sodium hydroxide benzoy	1		
dichloromethane, hexanes,			
ethyl acetate, propanois			
benzal dehyde , pyrrole amounts, nickel, zinc, cop	e		
e amounts, nickel, zinc, cop	PPET TOTAL		
I hereby certify that the material lister infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGERRORS OCCURRING AFREIN.	or radioactive r AL(S) LISTED A	naterials; and TH BOVE IS TRUE A	AT THE AND CORREC IY FOR ANY
Signature of Supervisor	/	D	ate

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



REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Cleland	Department: Chemistry		
Building: coulter Hall	Room #:	106	
Physical State: Lig	Phone #:		
IDENTIFICATION	OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
acetic acid dethyl ether e	thanol		
hydrochlone acid potassium en			
methanol tributyl phosphine	-		
ethylenediamine dihydro byehl	lovide		
Sodium hydroxide, hydrogen p	eroxide		
Acetone, sodium iodiale			
	TOTAL		
I hereby certify that the material listed on the infectious material, pesticides, PCB's or rad IDENTIFICATION OF THE MATERIAL(S) L TO THE BEST OF MY KNOWLEDGE. I TA ERRORS OCCURRING HEREIM.	ioactive ma ISTED AB	aterials; and Th OVE IS TRUE	HAT THE AND CORRECT TY FOR ANY
Signature of Supervisor			ate
DATE RECEIVED DHS:	CONTRO	DL #:	

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

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Rev. 03/07

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Ur. Hussey	Department: Chemistry and Brochemistry		
Building: Coulter Hall	Room #: 106		
Physical State: Lignid	Phone #:	Phone #:	
IDENTIFIC	CATION OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
Methyl primobiline			
1-chlorobutane			
Butyl-Methyprobelmum chloride			
Actinitale			
Ethyl Acetate			
Dich loro methane			
	TOTAL		
hereby certify that the material list nfectious material, pesticides, PCB DENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	i's or radioactive m RIAL(S) LISTED AB	aterials; and TH OVE IS TRUE RESPONSIBILI	HAT THE AND CORRECT TY FOR ANY
CEC	_		5/03/2012
Signature of Supervisor			Date

Form: DHS-4-web

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

	MON
Con	1

garbo,	Supervisor: Dr. Cleland	Departme	ent: Chemi	rte
	Building: Coulter Hall	Room #:		/
	Physical State: \(\sqrt{g}	Phone #:		
	IDENTIFICATI	ON OF THE MA	ATERIAL	
	Chemical Components		% or ppm	Quantity
	hexanes pentanes, ethyl	acetale.		
	acetonibrile dichloromet			
	sodium hydroxide, aceto	ne, methate		
	arnmonium chloride, sodiu	m bicarbone	\e	
	ethanol sodium sullite,	sodium		
	thiosurkale, dichloro ethan	e toluene		
	THE, sodium rodice, hy	drochlorie		
	acid, acetic acid, chlore	form		
are am	ounts of niekel			
	I hereby certify that the material listed infectious material, pesticides, PCB's of IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURBING HEREIN.	or radioactive n	naterials; and TH BOVE IS TRUE	HAT THE AND CORRECT
	Signature of Supervisor		I	Date
	DATE RECEIVED DHS:	CONTR	OT #	

FORM: DHS-004

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

Supervisor: Dr. John Rimoldi	Departme	Department: Medicinal Chemistry		
Building: Faser	Room #:3	Room #: 329 or 355		
Physical State:	Phone #:	Phone #: 662-915-8865		
IDENTIFICA	ATION OF THE MA	ATERIAL		
Chemical Components		% or ppm	Quantity	
Quartz columns		_	18	
packed with				
COPPER OXIGE				
			10	
		_	18	
offectious material, pesticides, PCB'DENTIFICATION OF THE MATERING THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	s or radioactive m AL(S) LISTED AB	aterials; and THOVE IS TRUE	any pathogenic o IAT THE AND CORRECT	
hereby certify that the material lister fectious material, pesticides, PCB'DENTIFICATION OF THE MATERION OF THE BEST OF MY KNOWLEDGERORS OCCURRING HEREIN. Ignature of Supervisor DATE RECEIVED DHS:	s or radioactive m AL(S) LISTED AB	aterials; and THOVE IS TRUE RESPONSIBILITED	any pathogenic of IAT THE AND CORRECT	

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

Supervisor: Takashi Tomioka	Departn	Department: Chemistry		
Building: Coulter	Room #	Room #: 406		
Physical State: Liquid and solid	Phone #	Phone #: 5332		
IDENTIFICA	TION OF THE M	IATERIAL		
Chemical Components		% or ppm	Quantity	
Solvent Mix-UM1			10 gallons	
Solid Waste (silica gel)			1 gallon	
hereby certify that the material lister infectious material, pesticides, PCB's DENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	or radioactive	materials; and BOVE IS TRU	THAT THE E AND CORRECT LITY FOR ANY	
Jahnsle Lit	-		5-30-2012	
Signature of Supervisor			Date	
DATE RECEIVED DHS:	CONTR	OL#:		

329 - Solvent

THE UNIVERSITY OF MISSISSIPPI DEPARTMENT OF HEALTH & SAFETY

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

Supervisor: Dr. John Rimoldi	Departm	Department: Medicinal Chemistry		
Building: Faser	Room #	Room #: 329 pr 355		
Physical State: LIQUID	Phone #	Phone #: 662-915-8865		
IDENTIFICAT	ION OF THE M	ATERIAL		
Chemical Components		% or ppm	Quantity	
Colvent mix-um	1	100	1	
Solvent mix - um	1	100	1	
		100	0	
		100	<u>d</u>	
hereby certify that the material listed infectious material, pesticides, PCB's of DENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive r L(S) LISTED A	naterials; and TH BOVE IS TRUE A RESPONSIBILI	AND CORRECT	
DATE RECEIVED DHS:	CONTR	OL #:		

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

Supervisor: Mark T. Hamann	Department: pharmacoghory
Building: Faser Hall	Room #: 35V
Physical State:	Phone #:
IDENTIFICATION	N OF THE MATERIAL
Chemical Components	% or ppm Quantity
Hexane	25
EtoAc	25
MeoH	25
water	15
	1
infectious material, pesticides, PCB's or in IDENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN.	S) LISTED ABOVE IS TRUE AND CORRECT TAKE FULL RESPONSIBILITY FOR ANY
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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

Supervisor: Mark. T. Hamann	Department: Pharma cognosy
Building: Faser Hall	Room#: 354
Physical State:	Phone #:
IDENTIFICATION	OF THE MATERIAL
Chemical Components	% or ppm Quantity
Hexane	25
E60Ac	25
MeoH	25
Water	25
nfectious material, pesticides, PCB's or ra DENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN.	LISTED ABOVE IS TRUE AND CORRECT AKE FULL RESPONSIBILITY FOR ANY
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

355: Organic azides No halogenated Solventa!

THE UNIVERSITY OF MISSISSIPPI DEPARTMENT OF HEALTH & SAFETY

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

Supervisor: Dr. John Rimoldi	Department: Me	edicinal Ch	emistry
Building: Faser	Room #: 329 of	355	
Physical State: Liguid/Solids	Phone #: 662-9	Phone #: 662-915-8865	
Samples	ON OF THE MATER	IAL	
Chemical Components	%	or ppm	Quantity
Diaziole Waste,			1 box
	o halogenated		1 box
Diazide Waste / 5	iolvents		1 box
Diazide waste			1 bcx
Low molecular weight azid	le		
			4 Boxes
hereby certify that the material listed or nfectious material, pesticides, PCB's or DENTIFICATION OF THE MATERIAL(STO THE BEST OF MY KNOWLEDGE. I ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive materia S) LISTED ABOVE	als; and T IS TRUE ONSIBIL	n any pathogen HAT THE AND CORREC

355: Organic Samples

THE UNIVERSITY OF MISSISSIPPI DEPARTMENT OF HEALTH & SAFETY

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

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry		
Building: Faser	Room #: 329 or 355		
Physical State: 57mples	Phone #: 662-915-8865		
	TION OF THE V		
IDENTIFICA	TION OF THE M	IATERIAL	
Chemical Components		% or ppm	Quantity
100-pertray Organic Waste		_	100
100 -pertray Organic Waste			100
(20 mL vials/In	nLyials)		
4 vials (1 box) phosp	phoric		4/20ml)
acid v	waste:		(vials)
STRONG (ODOR		
			/ 1
			1200 +40

355: TOXIC

THE UNIVERSITY OF MISSISSIPPI DEPARTMENT OF HEALTH & SAFETY

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

Supervisor: Dr. John Rimoldi	Department: Medicinal Chemistry		
Building: Faser	Room #: 329 of 355		
Physical State: Liquid	Phone #: 662-915-8865		
IDENTIFICA	TION OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
Daunorubicin W	vaste		1-46
solvents: Chloroform			
methanol			
diethyl eth	ner		
water			
1 empty carbon m	nunoxide	-	1
			1-4L
hereby certify that the material listenfectious material, pesticides, PCB's DENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	s or radioactive n AL(S) LISTED A	naterials; and Th BOVE IS TRUE	HAT THE AND CORRECT

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

Supervisor: Kristie Willett	Department: Pharmacology		
Building: Old power Plant	Room #:	104	00
Physical State: Liquid	Phone #:	6691	
IDENTIFICATION	OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Bouins of ethanol			
17 piccie acid			
hereby certify that the material listed on the infectious material, pesticides, PCB's or race DENTIFICATION OF THE MATERIAL(S) IT OF THE BEST OF MY KNOWLEDGE. IT AS ERRORS OCCURRING HEREIN. Signature of Supervisor	dioactive ma	aterials; and TH OVE IS TRUE A RESPONSIBILIT	AND CORRECT
DATE RECEIVED DHS:	CONTRO		

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

Supervisor: Kristie Willett	Department: Pharmacology				
Building: Old Power Plant	Room #:				
Physical State: Liquid	Phone #: 601				
IDENTIFICATION	N OF THE MA	TERIAL			
Chemical Components		% or ppm	Quantity		
Cleanify		2-1ga	1 bottles		
			· ·		
I hereby certify that the material listed on infectious material, pesticides, PCB's or IDENTIFICATION OF THE MATERIAL(STO THE BEST OF MY KNOWLEDGE. I ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive mass) LISTED AB	aterials; and THOVE IS TRUE RESPONSIBILI	IAT THE AND CORRECT		
DATE RECEIVED DHS:	CONTRO	L#:			

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

Supervisor: Loistie willett	Department: Pharmacology			
Building: Old Power Plant	Room #: 104			05
Physical State: Liquid	Phone #:	66	191	
IDENTIFICATION	N OF THE MA	TERIAL		
Chemical Components		% or p	opm	Quantity
Ethanol		2-1	gal	bottles
			-	
			-	
				+
I hereby certify that the material listed on infectious material, pesticides, PCB's or IDENTIFICATION OF THE MATERIAL(S TO THE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive man	aterials; OVE IS	and Th	HAT THE AND CORRECT
DATE RECEIVED DHS:	CONTRO	L#:		

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

Supervisor: Knistie Willett	Department: Pharmacology		
Building: Old Power Plant	Room #: 104		
Physical State: # Liquid	Phone #: 6691		
IDENTIFICATION C	F THE MATERIAL		
Chemical Components	% or ppm	Quantity	
methylene Chloride	25%		
Hexanes	257.		
acetone	25%		
methanol	25%		
	100%		
hereby certify that the material listed on thinfectious material, pesticides, PCB's or rad DENTIFICATION OF THE MATERIAL(S) LOTO THE BEST OF MY KNOWLEDGE. I TAKE THE BEST OF MY KNOWLEDGE. I TAKE THE BEST OF MY KNOWLEDGE. I TAKE THE BEST OF SUPERING HEREIN.	oactive materials; and THAT ISTED ABOVE IS TRUE AND	THE	
DATE RECEIVED DHS:	CONTROL #:		

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

Supervisor: Kristie willett	Departme	Department: Pharma Cology		
Building: Old Power Plant	Room #:	104		0-
Physical State: Liquid	Phone #:	6691		
IDENTIFICATION	OF THE MA	TERIAL		
Chemical Components		% or ppm	Qua	antity
~ 3% HNO3 w/ Asilve	_	40-4	Liter	bottle.
hereby certify that the material listed on infectious material, pesticides, PCB's or raid DENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN. Signature of Supervisor	adioactive ma LISTED AB AKE FULL F	aterials; and T OVE IS TRUE RESPONSIBIL	THAT THE E AND CO	E DRRECT
DATE RECEIVED DHS:	CONTRO	L #:		

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

Supervisor: Knotie willett	Departmen	nt: Pharm	acology
Building: Old Power Plant	Room #:	104	93
Physical State: Liquid	Phone #:	6691	
IDENTIFICATION	OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
fara formaldehyde		1gallon	bottle
hereby certify that the material listed on the street of t	dioactive ma	aterials; and Th OVE IS TRUE	HAT THE AND CORRECT
DATE RECEIVED DHS:	CONTRO	L#:	

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

Supervisor: Kristie willett	Department: Pharmacology		
Building: Old Power Prant	Room #: (O4		
Physical State: Liquid	Phone #: 6691		
IDENTIFICATIO	N OF THE MATERIAL		
Chemical Components	% or ppm Quantity		
Dimethyl bencenthra cene	~1Apm		
nfectious material, pesticides, PCB's or DENTIFICATION OF THE MATERIAL(this form does NOT contain any pathogenic radioactive materials; and THAT THE S) LISTED ABOVE IS TRUE AND CORRECT TAKE FULL RESPONSIBILITY FOR ANY		
DATE RECEIVED DHS:	CONTROL #:		

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

Supervisor: Kristie Willett	Department: Pharmac ology		
Building: Old Power Plant	Room #: Ou		
Physical State: Liquid	Phone #:	6601	
IDENTIFICATIO	ON OF THE M	ATERIAL	
Chemical Components		% or ppm	Quantity
Bencolas pyrene		~1 ppm	
hereby certify that the material listed of infectious material, pesticides, PCB's or DENTIFICATION OF THE MATERIAL (FO THE BEST OF MY KNOWLEDGE. I ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive m S) LISTED A	naterials; and TH BOVE IS TRUE /	AT THE AND CORRECT
DATE RECEIVED DHS:	CONTRO	DL #:	

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Kristie Willett	Department: Pharmacology		
Building: Old Power Plant	Room #:		0,
Physical State: Solid/liquid	Phone #	6601	
IDENTIFICATION	OF THE M	IATERIAL	
Chemical Components		% or ppm	Quantity
Phonoi + tubes + tips w	sed to		
dispense phenoi			
	TOTAL	450 lbs	
I hereby certify that the material listed on the infectious material, pesticides, PCB's or raciple IDENTIFICATION OF THE MATERIAL(S) ITO THE BEST OF MY KNOWLEDGE. ITA	dioactive m	aterials; and TH	AND CORRECT
ERRORS OCCURRING HEREIN.	1		0/1/12
ERRORS OCCURRING HEREIN. Signature of Supervisor	6	D	oli//Z Pate

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seonghong Jo	Department: Pharmaiputics
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		670	
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 CONTROL #:

Form: DHS-4-web

DATE RECEIVED DHS:

Rev. Jan., 2000

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seengbong To .	Departm	nent: Pharm qu	ientics
Building: Faser Hall	Room #: 104		
Physical State: [iquid	Phone #	: 662 915-	-5165
IDENTIFICATI	ION OF THE M	IATERIAL	
Chemical Components		% or ppm	Quantity
THE		46	
Water		36	
Acetonitrile		20	
	TOTAL	100	
hereby certify that the material listed on fectious material, pesticides, PCB's or DENTIFICATION OF THE MATERIAL (OTHE BEST OF MY KNOWLEDGE.	n this form doe radioactive m	es NOT contain aterials; and Th	AND CORRECT
RRORS OCCURRING HEREIN.		7	6/4/12
ignature of Supervisor		Da	ate
DATE RECEIVED DHS:	CONTRO)L #:	
orm: DHS-4-web			Rev. Jan.,2000

Form: DHS-4-web

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

Supervisor:	Departme	ent: NCNP	'R
Building: Thad Cochran Resear	rch Center Room #:	3024	
Physical State:	Phone #:	1313	
IDENTIFIC	ATION OF THE MA	ATERIAL	
Chemical Components		% or ppm	Quantity
Benzene			
Benzene			
Benzene			
	-		
I hereby certify that the material list infectious material, pesticides, PCE IDENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLED ERRORS OCCURRING HEREIN.	3's or radioactive m RIAL(S) LISTED AB	aterials; and TH SOVE IS TRUE / RESPONSIBILIT	AND CORRECT TY FOR ANY
Signature of Supervisor		0-7	19-12
Signature of Supervisor		D	ate
DATE RECEIVED DHS:	CONTRO	DL #:	

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

Supervisor: Dr. Repkq	Departm	Department: Phoumacourics		
Building: Faser	Room #	Room #: 1/2 B		
Physical State: Liquid	Phone #	915-7641		
IDENTIFIC	ATION OF THE M	IATERIAL		
Chemical Components		% or ppm	Quantity	
Solvent Mix-UM1			201	
			>	
	/			
			20 L	
I hereby certify that the material list infectious material, pesticides, PCE IDENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLED ERRORS OCCURRING HEREIN. Signature of Supervisor	B's or radioactive r	materials; and Th BOVE IS TRUE	any pathogenic or HAT THE AND CORRECT	
DATE RECEIVED DHS:	CONTR	OL #:		

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%

/ Dilworn	06/06/2012	
Signature of Supervisor	Date	
DATE RECEIVED DHS:	CONTROL #:	

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 pp	om Quantity
Acetonitrile		60%
Methanol		40%
		100%

my mue	06/06/2012
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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
Sedium Nitrate	50°/0	1
1 butyl-3 methylimidazolim chloride	90%	2
1- etnyl-3-metnylinidazolism		
triflyoro methane sulforate	9090	3
Aluminum boron nitride	2000	1

Signature of Supervisor	Date	
DATE RECEIVED DHS:	CONTROL #:	

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

% or ppm	Quantity
5000	1
50°/C	1
980	3
97010	Z
90%	
90%	1
950/0	4
50%	10
500%	1
	5000 5000 9000 9000 9000 9000 9000 9000

Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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		
ethonal	9906+	3
Aceture	99% +	3
chloro form	90101	4
Methylene Chlosile	970/04	1
Acetonitrie	990/04	(
styrene	500/0 F	10
SUFFACIANT	50%7	(0

Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Department: Chemistry

Supervisor: Dr Amala Dass

FORM: DHS-004

Building: Coulter Lall	Room #:	359	/
Building: Contex Lall Physical State: liquids, solids	Phone #:	601 594	+9197, 662-91.
IDENTIFICATION	N OF THE MA		
Chemical Components		% or ppm	Quantity
solvent waste bottles (Tolne	ne, Meth		5 9x5L
	m) neune)		
hereby certify that the material listed on infectious material, pesticides, PCB's or infectious material, pesticides, PCB's or independent of the material listed on infectious material, pesticides, PCB's or infectious material, pesticides, PCB's or infectious material listed on infectious material, pesticides, PCB's or infectious material listed on infectious material, pesticides, PCB's or infectious material listed on infectious material, pesticides, PCB's or inf	radioactive ma	iterials; and T OVE IS TRUE	THAT THE E AND CORRECT
	CONTRACT	r 11	Date
DATE RECEIVED DHS:	CONTRO	L#:	F 1

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Department: NCNPR

Rev. Jan.,2000

Supervisor: Melissa Jacob

Form: DHS-4-web

110111				_
Building: Thad Cochran	Room #	: B016		
Physical State: Liquid	Phone :	#: 6942		
IDENTIFICATIO	N OF THE I	MATERIAL		
Chemical Components		% or ppm	Quantity	
95% E+OH ST	brent	95% 99	60 L	Bearb
hi.	F			Strp
GOAC				
				1
				1
				1
	TOTAL			1
	TOTAL			1
hereby certify that the material listed on nectious material, pesticides, PCB's or repenting the material listed on nections material, pesticides, PCB's or repenting the material listed on DENTIFICATION OF THE MATERIAL (STATE OF MY KNOWLEDGE, ITERRORS OCCURRING HERE).	adioactive n LISTED AE	naterials; and T SOVE IS TRUE	HAT THE AND CORRECT	or
ignature of Supervisor			Date	
DATE DECENTED DUC	CONTRA	21.44.		7
DATE RECEIVED DHS:	CONTRO	JL #.		

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%

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Repleg	Department: Pharmaceutics.			
Building: Faser	Room #: 112 A			
Physical State: Uquid	Phone #: 915 - 7641			
IDENTIFICATION	OF THE MA	TERIAL		
Chemical Components		% or ppm	Quantity	
Solvent-Mix-UM-1			20L	
	/			
hereby certify that the material listed on the fectious material, pesticides, PCB's or reduction of the MATERIAL(S) OTHE BEST OF MY KNOWLEDGE. IT RRORS OCCURRING HEREIN.	adioactive ma	aterials; and Th	AT THE AND CORRECT	
ignature of Supervisor		D	Pate	

FORM: DHS-004

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

Supervisor: Dr. Replica	Department: Pharmaceutics.			
Building: Fower	Room #: 112-B			
Physical State: Liquid	Phone #: 915 - 7641			
IDENTIFICATION				
Chemical Components		% or ppm	Quantity	
Solvent Mix - UM-1			20L	
	-			
hereby certify that the material listed on neectious material, pesticides, PCB's or reduction of the MATERIAL(STOTHE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN.	adioactive ma	terials; and Th	AT THE AND CORRECT	
DATE RECEIVED DHS:	CONTROL	. #:		

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

Supervisor:	Department	Department:			
Building: Lewis Hall	Room #:	Room #:			
Physical State: Liquid	Phone #: 9	Phone #: 901-831-4829			
IDENTIFICATI	ON OF THE MAT	ERIAL			
Chemical Components		% or ppm	Quantity		
Propylena Glycol		25-30	1		
Propylena Glycol Triton X Water		5-10%	1		
Water	1	60-10%	1		
		1			
I hereby certify that the material listed of infectious material, pesticides, PCB's of IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE. ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive mate	erials; and TH VE IS TRUE SPONSIBILI	AT THE AND CORRECT		
DATE RECEIVED DHS:	CONTROL	CONTROL #:			

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	Department:		
Building: Lewis Hall	Room #:		
Physical State: Liquid (in container)	Phone #: 901-831-4829		
IDENTIFICATION (OF THE MATERIAL		
Chemical Components	% or ppm Quantity		
H20	40-45%		
Amoriane ThiosniFate	40-45		
Sodium Acetete. 13 oric Acid	5-10		
Boric Acid	1-5		
Avionium Sulfite Alcetic Acid	1-5		
infectious material, pesticides, PCB's or rac	LISTED ABOVE IS TRUE AND CORRECT KE FULL RESPONSIBILITY FOR ANY 6/22/12 Date		
DATE RECEIVED DHS:	CONTROL #:		

FORM: DHS-004

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seanghong Jo	Department: Pharmaiputics		
Building: Faser Hall	Room #: 102		
Physical State: [iquid	Phone #: 662 915 - 5165		

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
CHICIZ		15	
Acetonstrile		15	
THE		15	
Ethyl aletote.		15	
Ethy / 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 Da

DATE RECEIVED DHS: CONTROL #:

Form: DHS-4-web

Rev. Jan., 2000

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

Supervisor: Dr Repka	Departmen	nt: Pharma	aceutics	
Building: Faser	Room #:	112 A	C)Q Q	
Physical State: Liquid	Phone #:	Phone #: 9/5 - 7/6 41		
IDENTIFIC	ATION OF THE MA	TERIAL		
Chemical Components		% or ppm	Quantity	
Solvent Mix - UM-1			20L	
		7		
hereby certify that the material list infectious material, pesticides, PCB DENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLEDGERORS OCCURRING HEREIN.	s's or radioactive ma	aterials; and TH	AND CORRECT	
DATE RECEIVED DHS:	CONTRO	L #:		

622-915-7046

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

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

Supervisor:	Department:		
Building:	Room #:		
Physical State: Liamich	Phone #: 961-831-4829		27
IDENTIFICATION	OF THE MATER	IAL	
Chemical Components	%	or ppm	Quantity
Water	70	9-75%	1
Aluminiam Sul Fate		5-20%	1
Alaminium Sulfate Sulfation acid		117.	-1
		-	
I hereby certify that the material listed on infectious material, pesticides, PCB's or rail IDENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT ERRORS OCCURRING HEREIN. Signature of Supervisor	adioactive materia) LISTED ABOVE AKE FULL RESF	als; and TH IS TRUE A ONSIBILIT	AT THE
DATE RECEIVED DHS:	CONTROL #:		

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

Supervisor: Howers	Departme	nt: CHEM	STIZY & BIOCHEM
Building: COULTER	Room #:	402	
Physical State: LIQUIN	Phone #:	EXT. 7	7874
IDENTIFICA	TION OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Acetore		60%	
Methylene Chloride		20%	
DIMSO		5%	
Acetonitule		5%	
Ethyl acetate		5%	
Diograpanol		5%	
			5x20L
I hereby certify that the material lister infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive ma	aterials; and T OVE IS TRUE	HAT THE AND CORRECT
DATE RECEIVED DHS:	CONTRO	L#:	

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

Supervisor: Dr. Elsonly	Departme	nt: Wall	iers 186, NP
Building: Waller's	Room #:	105	
Physical State:	Phone #: 662 - 915 - 1708		80F1-21
IDENTIFICATION	OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Solvent Mix-UM-1			5x dol
			1001
hereby certify that the material listed on negations material, pesticides, PCB's or range of the material listed on the material pesticides, PCB's or range of the material listed on t	adioactive ma LISTED AB	aterials; and OVE IS TRU RESPONSIBI	THAT THE E AND CORRECT LITY FOR ANY
M. Podwon Signature of Supervisor		06	127/12 Date
signature of Supervisor			Date
DATE RECEIVED DHS:	CONTRO	L #:	

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

The second secon	. 16411(0	Centics
11.	2B	
Phone #: 9	15-7641	
OF THE MATE	RIAL	
	% or ppm	Quantity
		20L
		OF THE MATERIAL % or ppm his form does NOT contain

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

Supervisor:	Departmen	11:	
Building:	Room #:		
Physical State:	Phone #:		
IDENT	IFICATION OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
mercung Tuber			
I hereby certify that the material infectious material, pesticides, IDENTIFICATION OF THE MATO THE BEST OF MY KNOW! ERFORS OCCURRING HERE	PCB's or radioactive ma TERIAL(S) LISTED ABO LEDGE. I TAKE FULL R	aterials; and TH DVE IS TRUE / ESPONSIBILI	AND CORRECT
DATE RECEIVED DHS:	CONTRO	L#:	

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

Supervisor: +0115	Department: Chemistry	
Building: Coulter	Room #: 402	
Physical State:	Phone #: 662-915-7874	
IDENTIFIC	CATION OF THE MATERIAL	
Chemical Components	% or ppm Quantity	
Mercury	100%	
infectious material, pesticides, PC IDENTIFICATION OF THE MATE	ted on this form does NOT contain any pathogenic of B's or radioactive materials; and THAT THE RIAL(S) LISTED ABOVE IS TRUE AND CORRECT OGE. I TAKE FULL RESPONSIBILITY FOR ANY	
DATE RECEIVED DHS:	CONTROL #:	

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Troy Smillie	Department: NENPR
Building: NENPR	Room #: 3051
Physical State: Liquid	Phone #: 915-1067

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
Chloroform (EZ facest Org. Solution	1)	6ml x4 = 24n
150- octane I EZ faast Org. Solute.	in I)	50mL
n-Propanol (EZ fagst Eluting long		40 mL
n-Propanol (EZ faast washing sold		30 mL
Proponal (FZ toast Internal Std. 5		50 ml
EZ fuest Organic Solution 1		2ml x 2 = 4 ml
	TOTAL	258 mL

infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERI.	s or radioactive materials; and THAT THE AL(S) LISTED ABOVE IS TRUE AND CORRECT E. I TAKE FULL RESPONSIBILITY FOR ANY
Signature of Supervisor	8/14/20 12 Date
DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Troy Smillie	Department: NENPR
Building: NENPR	Room #: 305/
Physical State: Liquid	Phone #: 915 - 1067

IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity
IN HOL (EZ facet acid solution)	-	60mL
NADH (EZ faast Elicting component			60mL
EZ faast organic solution 2			2ml x 2 = 4 m
EZ toast organic solution 3			2mlx2=4
Oxalate Standards inst/L			25ml × 6 = 150
		5	5
	OTAL		278 mL

infectious material, pesticides, PCB's of IDENTIFICATION OF THE MATERIAL	on this form does NOT contain any pathogenic or or radioactive materials; and THAT THE L(S) LISTED ABOVE IS TRUE AND CORRECT I TAKE FULL RESPONSIBILITY FOR ANY
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

Form: DHS-4-web

Rev. 03/07

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Troy Smillie	Departm	ent: NENP	R
Building: NENPR	Room #	3051	
Physical State: Solid	Phone #	915-1067	7
IDENTIFICATION	ON OF THE M		
Chemical Components		% or ppm	Quantity
Oxalate Reagent A		~:	29 x 8 = 169
Oxalate Reugent B		'n	29 x 3 = 69
Sample Dituent			50 × 4 = 30
J		,	
			2
			1
	TOTAL		429
hereby certify that the material listed on nectious material, pesticides, PCB's or in DENTIFICATION OF THE MATERIAL(STOTHE BEST OF MY KNOWLEDGE. IT ERRORS OF CURRING HEREIN. Signature of Supervisor	radioactive ma b) LISTED ABO	aterials; and THA	AT THE IND CORRECT
DATE RECEIVED DHS:	CONTRO	L #:	

Form: DHS-4-web

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. Troy Smillie	Departm	ent: NCNF	PR
Building: NENPR	Room #:	3008	
Physical State: Liquid		915-1067	7
IDENTIFICATION		/	
Chemical Components		% or ppm	Quantity
Potassium Hychoxide, 5% in	a EtoH	vo 1	~ 100 mL
Potassium Hychroxide, 5% in Unknow Sample (Label ca	nnot see)		not know.
/		× -1 - 1 -	(
			/
			7
	TOTAL		100ml
ereby certify that the material listed on ectious material, pesticides, PCB's or reENTIFICATION OF THE MATERIAL(S) THE BEST OF MY KNOWLEDGE. IT RORS OF CURRING HEREIN.	this form does adioactive ma LISTED ABC	terials; and TH OVE IS TRUE A ESPONSIBILIT	any pathogeni IAT THE AND CORREC
gnature of Supervisor		D	ate

Form: DHS-4-web

Rev. 03/07

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

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

Chemical Components		% or ppm	Quantity
95% EtOH		95% 09	-
Solvent mix-lim			15 gpl
	TOTAL		15 gpl

I hereby certify that the material listed on the infectious material, pesticides, PCB's or rad IDENTIFICATION OF THE MATERIAL(S) I TO THE BEST OF MY KNOWLEDGE. I TAKERRORS OCCURRING HEREAL	ISTED ABOVE IS TRUE AND CORRECT
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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

1 1 1

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

% or ppm	Quantity
%	2.5 L
%	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 Cridniel	8/30/12 Date	
Signature of Supervisor		
DATE RECEIVED DHS:	CONTROL #:	

FORM: DHS-004

http://www.olemiss.edu/depts/safety/ Rev. 04/10

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

Supervisor: Tomioka	Department: Chemistry	Department: Chemistry		
Building: Coulter	Room #: 406	Room #: 406		
Physical State: Liquid & Solid	Phone #: 5332			
IDENTIFICA	TION OF THE MATERIAL			
Chemical Components	% or ppm	Quantity		
Solvent Mix-UM1		10 gallons		
Solid Waste (silica gel)		1 gallon		
hereby certify that the material lister infectious material, pesticides, PCB's DENTIFICATION OF THE MATERIATO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN. John John John Mills Signature of Supervisor	or radioactive materials; and AL(S) LISTED ABOVE IS TRU	THAT THE JE AND CORRECT		
DATE RECEIVED DHS:	CONTROL #	CONTROL #:		

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 %	
T. T		

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 #:

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		
IDENTIFIC	CATION OF THE MATERIAL % or ppm Quantity		

Chemical Components	% or ppm	Quantity
Methanol	20 %	
Acetonitrile	75 %	
Water	5 %	
4 6		

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.

May	09/05/2012
Signature of Supervisor	Date
DATE RECEIVED DHS:	CONTROL #:

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

Supervisor: Kristic Willett	Department: Phorma Cology		
Building: Old Power Plant	Room #:	lou	00
Physical State: 50lid	Phone #: 6691		
IDENTIFICATION C	OF THE MA	ΓĖRIAL	
Chemical Components		% or ppm	Quantity
Benzo (a) purene waste	:		-
tips, tubes, vials, pipets			
paper towels, etc.			
7.50.50			
-			
100		Iralla	
		150 lbs	
I hereby certify that the material listed on thi infectious material, pesticides, PCB's or rad IDENTIFICATION OF THE MATERIAL(S) L TO THE BEST OF MY KNOWLEDGE. I TA ERRORS OCCURRING HEREIN. Signature of Supervisor	ioactive ma	terials; and T OVE IS TRUE ESPONSIBIL	HAT THE AND CORRECT
DATE RECEIVED DHS:	CONTROL	. #:	
the second second second second			

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

Supervisor: Kristie Willett	Department: Pharmacology		
Building: Old Power Plant	Room #: 104		
Physical State: Solid	Phone #: 6691		
IDENTIFICATIO	N OF THE MA	ATERIAL	
Chemical Components		% or ppm	Quantity
Benzolas pyrene waste	. 1		
tips, tubes, viais, paper	towels.		
pipeto etc.			

*			
7			
		650 lbs	
hereby certify that the material listed on fectious material, pesticides, PCB's or DENTIFICATION OF THE MATERIAL(STOTHE BEST OF MY KNOWLEDGE. IN ERRORS OCCURRING HEREIN.	radioactive m S) LISTED AB	es NOT contain naterials; and TH	IAT THE AND CORRECT
Signature of Supervisor		D	ate

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

Supervisor: Kristie Willett	Room #: 104		
Building: Old Power Plant			
Physical State: Solid	Phone #:	6691	
IDENTIFICATION (OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
alls Containing ethidiu	m		
promide			
		450 lbs	
hereby certify that the material listed on the infectious material, pesticides, PCB's or race DENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT AS ERRORS OCCURRING HEREIN.	dioactive ma LISTED AB	aterials; and TI OVE IS TRUE	HAT THE AND CORRECT
Signature of Supervisor		I	Date
DATE RECEIVED DHS:	CONTRO	L#:	

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

Supervisor: Knistic Willett	Department: Phormacology		
Building: Old Power Plant	Room #: 104		
Physical State: Solid	Phone #: (ola)		
IDENTIFICATION (OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Benzo (a) Purene waste	1		
tips, tubes, paper tow	els,		
Viale, pipets that have			
been in contact with	Bap		
		450 lbs	
		-30 165	
hereby certify that the material listed on the infectious material, pesticides, PCB's or race DENTIFICATION OF THE MATERIAL(S) IF THE BEST OF MY KNOWLEDGE. IT A ERRORS OCCURRING HEREIN. Signature of Supervisor	dioactive m LISTED AB	aterials; and TH	AT THE AND CORRECT
DATE RECEIVED DHS:	CONTRO	or #.	
DATE RECEIVED DITS.	CONTRO	т.	

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
802 Acetic Acid		5 mL
Compounds + Plant Based Extractes 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.

Signature of Supervisor	9-12-12 Date
DATE RECEIVED DHS:	CONTROL #:

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Seongbong Jo	Departm	ent: Pharmac	PUTTCS
Building: Faser Hall	Room #:		
Physical State: liquid	Phone #	: 662 915-	-5165
IDENTIFICATI	ION OF THE M	IATERIAL	
Chemical Components		% or ppm	Quantity
Acetanitirle		40	
Tetrahydrofuran		30	
Water		30	
	TOTAL	100	
nereby certify that the material listed of fectious material, pesticides, PCB's or DENTIFICATION OF THE MATERIAL (OF THE BEST OF MY KNOWLEDGE. I RRORS OCCURRING HEREIN.	r radioactive m	aterials; and TH OVE IS TRUE A RESPONSIBILIT	AT THE
ignature of Supervisor		Øa	ate/
DATE RECEIVED DHS:	CONTRO	01 #:	

Form: DHS-4-web

Rev. Jan., 2000

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: LABURA	Departm	ent: NCPA		
Building:	Room #:	1093		
Physical State:	Phone #:	Phone #: 3945		
IDENTIFICAT	TON OF THE M	ATERIAL		
Chemical Components		% or ppm	Quantity	
500 mL acnyla	nide		500 ml	
	TOTAL			
hereby certify that the material listed infectious material, pesticides, PCB's of DENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive m L(S) LISTED AB	aterials; and TH	AND CORRECT	
DATE RECEIVED DHS:	CONTRO	OI #·		

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

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

upervisor: Dr Repka	Departme	ent: Phourm	acentics.
wilding: Faser	Room #:	112 B	
hysical State: Liquid	Phone #:	915-7641	
IDENTIFICATI			
hemical Components		% or ppm	Quantity
Solvent mix_UMI			201
nereby certify that the material listed of fectious material, pesticides, PCB's of ENTIFICATION OF THE MATERIAL OF THE BEST OF MY KNOWLEDGE. RRORS OCCURRING HEREIN.	or radioactive m	aterials; and TH BOVE IS TRUE	AND CORRECT
	CONTRO)I #:	
DATE RECEIVED DHS:	CONTRO	DL #:	

2 bottles, 6 L aspirin acetylsalisilic acid sodium hydroxide iron (II) chloride

4 bottles, 6 L
hexane
acetic acid
bromobenzene
ethanol
vanillin
acetone
Sodium bicarbonate
Cyclopenanone
p-methyoxybenzaldehyde
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

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

Supervisor: Dr. Hollis	Departmen	t: Chemis	try
Building: Coulter	Room #: L		
Physical State: Liquid	Phone #: (ele2-915-	
0	TION OF THE MAT	ΓERIAL	
Chemical Components		% or ppm	Quantity
Acetone		100%	
Dichloromethane		30%	
Toluene		220	
Trace dimethylamine		0-0170	
Acetonitrile		5%	
DINSO		270	
DMF		120	
Trace- 4- pentene vitrile		0-0170	
I hereby certify that the material lister infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDG ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive ma	terials; and TH DVE IS TRUE A ESPONSIBILI	IAT THE AND CORRECT
DATE RECEIVED DHS:	CONTROL	J#:	

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
kmmoy waste (3)			
Cymide reaste (1)			
Mm 0, wenobe (1)			
	TOTAL		2

infectious material, pesticides, PCB's or rac	LISTED ABOVE IS TRUE AND CORRECT
ERRORS OCCURRING HEREIN.	9/25/2012
Joh M. Kumolds	84NOV 2013
Signature of Supervisor	Date

BATE RECEIVED BITO.	DATE RECEIVED DHS:	CONTROL #:	
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Form: DHS-4-web Rev. 03/07

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Melissa Jacob	Department: NCNPR	
Building: Thad Cochran	Room #: B016	
Physical State: Liquid	Phone #: 6942	
Physical State: Ligui &	Phone #: 6442	

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
95% EtOH	95% 99	59A1
Um Solvent mix-1		,
	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 #:
CONTRACTOR OF THE CONTRACTOR O	

Form: DHS-4-web

Rev. Jan., 2000

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

Supervisor: DAYAN	Departmen	nt: USDA	
Building: NPU	Room #:	2008	
Physical State: Liquid	Phone #:	1039	1016
IDENTIFICA	TION OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Ether/Benzin 1:9 V	V		~ 200 ml layer
MEOH 67% 33% Agus	2042		bettom layer of
4% KOH Nacy			2gds.
			0
hereby certify that the material liste nfectious material, pesticides, PCB's DENTIFICATION OF THE MATERI	s or radioactive ma	aterials; and	THAT THE
TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	GE. I TAKE FULL R	ESPONSIBI	LITY FOR ANY
Ling		10	19/17
riguature of Supervisor			Date
DATE RECEIVED DHS:	CONTRO	T #•	

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

Supervisor: Tranck layon	Department: USDA NPURU		
Building: They Cachen Reside (Room #: 2008		
Physical State: Ligurd	Phone #: 9/5- /	246	
IDENTIFICATIO	N OF THE MATERIAL		
Chemical Components	% or ppm	Quantity	
Tris /Acree Acid/EOTA - Ethicis	Bride 20.03%	s 2 JL	
I hereby certify that the material listed or infectious material, pesticides, PCB's or IDENTIFICATION OF THE MATERIAL(STO THE BEST OF MY KNOWLEDGE. I ERRORS OCCURRING HEREIN. Signature of Supervisor	radioactive materials; and S) LISTED ABOVE IS TRU TAKE FULL RESPONSIBI	THAT THE E AND CORRECT	
DATE RECEIVED DHS:	CONTROL #:		

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr. 2. Pan	Departm	Department: USDA- ARS		
Building: Natural Products	Room #:	2023		
Physical State: Liquid	Phone #:			
IDENTIFICATI	ON OF THE M.	ATERIAL		
Chemical Components		% or ppm	Quantity	
TAE with Ethidium Broi	n, de	20.190	4 Liters	
TAE with Eth.dium Brow		LO.1 90	2 Lters	
		20.190	3 Liters	
Chandre isothocyonite, B	eta Merc	20.190	11.ter	
L.				
I hereby certify that the material listed of infectious material, pesticides, PCB's of IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE. ERRORS OCCURRING HEREIN. 3.4944 Signature of Supervisor	or radioactive made (S) LISTED A	naterials; and TH. BOVE IS TRUE A RESPONSIBILIT	AT THE AND CORRECT Y FOR ANY	
DATE RECEIVED DHS:	CONTRO	OL #:		

Supervisor: Dr. 2. Pan

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

Supervisor: DAYAN	Department: USDA			
Building: NAU	Room #: 2008			
Physical State: Liquid	Phone #:	/		
U	TION OF THE MA	ATERIAL		
Chemical Components		% or ppm	Quantity	
Ether / Benzin ((1:1)		2 liters	
Solvent Mix UM-1			20 L	
I hereby certify that the material lister infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	or radioactive m AL(S) LISTED AE	aterials; and TI	HAT THE AND CORRECT	
DATE RECEIVED DHS:	CONTRO	OT #-		
DATE RECEIVED DRS.	CONTRO)L π.		

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Kumudini Meepagala

Supervisor:	Departm	Department:			
Building:		Room #:			
Solid Physical State:	Phone #:	915-1138 Phone #:			
IDENTIFICA	TION OF THE M	ATERIAL			
Chemical Components		% or ppm	Quantity		
Sodium Hydride (unopened can)			500g		
	1				
I hereby certify that the material listed infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	I on this form do or radioactive n L(S) LISTED AI E. I TAKE FULL	es NOT contain naterials; and T BOVE IS TRUE RESPONSIBIL	any pathogenic or HAT THE AND CORRECT ITY FOR ANY		
DATE RECEIVED DHS:	CONTRO	OL #:			

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

Supervisor: James V. Gizaziel	Departn	Department: Chemistry		
Building: Coulter Hall	Room #: 128			
Physical State:	Phone #: 662-915-1814			
The contents will be located in the healy the IDENTIFICAT	TION OF THE M	HA BOHAS OF SAN	nt Ultra HighPurity	
Chemical Components		% or ppm	Quantity	
Ultra High Purity Poump Oil		100%	3-2.5 Liter Bottle	
I hereby certify that the material listed infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDGE ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive (L(S) LISTED A E. I TAKE FULL	materials; and in BOVE IS TRU RESPONSIBI	THAT THE E AND CORRECT	
DATE RECEIVED DHS:	CONTR	ROL #:		

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

Supervisor: Dr. Repka	Departme	Department:		
Building: Faser	Room #	Room # 1/2 B		
Physical State: Uquid	Phone #:			
IDENTIFICA	TION OF THE MA	TERIAL		
Chemical Components		% or ppm	Quantity	
SOLVENT MIX- 1	1M _ 1		201_	
			0.84	
I hereby certify that the material listed infectious material, pesticides, PCB's IDENTIFICATION OF THE MATERIATO THE BEST OF MY KNOWLEDGIERROR'S OCCURRING HEREIN. Signature of Supervisor	or radioactive ma AL(S) LISTED AB	aterials; and Th OVE IS TRUE RESPONSIBILI	HAT THE AND CORRECT	
DATE RECEIVED DHS:	CONTRO	L #:		

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

Supervisor: Dr. Repka.	Departmen	Department: Pharma coutics.		
Building: Faser	Room #	Room #: 112B		
Physical State: Liquid	Phone #:	915-76	, 41	
IDENTIFICA	TION OF THE MA	TERIAL		
Chemical Components	100	% or ppm	Quantity	
Solvent mix - UM	-1		20L	
/				
hereby certify that the material lister of fectious material, pesticides, PCB's DENTIFICATION OF THE MATERIA TO THE BEST OF MY KNOWLEDG ERRORS OCCURRING HEREIN.	s or radioactive ma AL(S) LISTED ABO	aterials; and TH OVE IS TRUE . ESPONSIBILI	AND CORRECT	

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

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor: Dr Amala Dass	Departme	nt: Chemistry a	nd Biochenistry.
Building: coulter Hall	Room #:	357	
Physical State: Liquid + solids	Phone #:		
	ON OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
and thiols. Toluened	Hzo/Arence/		3
Aretonito ~	Ž.		
solvent wastes (Hzo/Areton/MPOH)	Tolyene /Chirl.		2
Aceacontril			
Acid wastes (HCI/HNOZ).			2
I hereby certify that the material listed infectious material, pesticides, PCB's of IDENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE. ERRORS OCCURRING HEREIN. Signature of Supervisor	or radioactive m L(S) LISTED AB I TAKE FULL F	aterials; and THOVE IS TRUE ARESPONSIBILITED	IAT THE AND CORRECT
DATE RECEIVED DHS:	CONTRO)L #:	

(3)

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

Supervisor: Takashi Tomioka	Department: Chemistry		
Building: Coulter	Room #: 406		
Physical State: Liquid and solid	Phone #: 5332		
IDENTIFICA	TION OF THE MATERIA	L	
Chemical Components	% or	ppm Quantity	
Solvent Mix-UM1		10 gallons	
Solid Waste (silica gel)		1 gallon	
hereby certify that the material liste nfectious material, pesticides, PCB's DENTIFICATION OF THE MATERIATO THE BEST OF MY KNOWLEDGERRORS OCCURRING HEREIN.	s or radioactive materials AL(S) LISTED ABOVE IS	; and THAT THE TRUE AND CORRECT NSIBILITY FOR ANY	
Thep Zin		11-01-2012	
Signature of Supervisor		Date	
DATE RECEIVED DHS:	CONTROL #:		

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

Supervisor: Dr. John Rimoldi	Department: Me	Department: Medicinal Chemistry		
Building: Faser Hall	Room #: 329	Room #: 329		
Physical State: Liquid	Phone #: 662-91	5-8865		
IDENTIFIC	ATION OF THE MATER	IAL		
Chemical Components	%	or ppm	Quantity	
Carboy	Solve	t mix um	2	
hereby certify that the material list infectious material, pesticides, PCE DENTIFICATION OF THE MATER TO THE BEST OF MY KNOWLED ERRORS OCCURRING HEREIN.	B's or radioactive materia RIAL(S) LISTED ABOVE	ils; and Ti IS TRUE ONSIBILI	HAT THE AND CORRECT	
DATE RECEIVED DHS:	CONTROL #:			

Supervisor: Melissa Jacob	Department: NCNPR		
Building: Thad Cochran	Room #: 3016		
Physical State: Liquid	Phone #	2	
IDENTIFICATION	OF THE M	MATERIAL	
Chemical Components		% or ppm	Quantity
95-1. E+OH		95% 99	
Solventmix lam-	1	2	SSAI
	TOTAL	2	10 gA1
hereby certify that the material listed on the fectious material, pesticides, PCB's or radical pesticid	dioactive m	aterials; and T OVE IS TRUE RESPONSIBILI	HAT THE AND CORRECT
griature or Supervisor		L	Jaic
DATE RECEIVED DHS:	CONTRO	DL #:	
orm: DHS-4-web			Rev. Jan.,20

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

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Building: Coy Waller 186	Room #:	105	
Physical State: Solvent Mix	Phone #:	1708	
IDENTIFICATION	OF THE MA	TERIAL	
Chemical Components		% or ppm	Quantity
Solvent Mix - UM -	l		80
I hereby certify that the material listed on the infectious material, pesticides, PCB's or range in the material listed on the IDENTIFICATION OF THE MATERIAL(S) TO THE BEST OF MY KNOWLEDGE. IT A ERRORS OCCURRING HEREIN.	dioactive ma	aterials; and T OVE IS TRUE	HAT THE AND CORRECT
M-Rodwan		11/1	2/12
Signature of Supervisor			Date
DATE RECEIVED DHS:	CONTRO	L #:	

Supervisor:

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

Supervisor: Mohamed Radwan, Ph.D.	Department	Department: NCNPR	
Building: Waller Labs	Room #: 10	Room #: 105	
Physical State:	Phone #: 59	Phone #: 5928	
IDENTIFICATION	ON OF THE MAT	TERIAL	
Chemical Components		% or ppm	Quantity
solvent mix UM-1		- 1 // 1	
			60 liters
			oo more
hereby certify that the material listed of infectious material, pesticides, PCB's of DENTIFICATION OF THE MATERIAL TO THE BEST OF MY KNOWLEDGE. ERRORS OCCURRING HEREIN. Signature of Supervisor	r radioactive mat (S) LISTED ABC	terials; and Toler IS TRU ESPONSIBI	THAT THE E AND CORRECT
DATE RECEIVED DHS:	CONTROL	<i>,</i> #:	

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

IDENTIFICATION OF THE MATERIAL	ity Tste
IDENTIFICATION OF THE MATERIAL Chemical Components % or ppm Quantity	-
Chemical Components % or ppm Quantit	
	-
HPIC Wante 121	Tate
Total 12L	