

# FORM A: PURE CHEMICAL MANIFEST

**HAZARDOUS WASTE**  
 FEDERAL LAW PROHIBITS IMPROPER DISPOSAL.  
 IF FOUND, CONTACT THE NEAREST POLICE, OR PUBLIC SAFETY  
 AUTHORITY OR THE U.S. ENVIRONMENTAL PROTECTION AGENCY.  
 DOT SHIPPING NAME:

(CSDP USE)

DATA ENTRY DATE : _____ : _____ : _____ SCHOOL CODE : L MANIFEST # : _____ (CSDP USE)	BOX / CONT. # <input type="checkbox"/> CHECK ONE <input type="checkbox"/> SOLIDS <input type="checkbox"/> LIQUIDS <input type="checkbox"/> CHECK ONE <input type="checkbox"/> LABPACK <input type="checkbox"/> BULK CAN/PAIL <input type="checkbox"/> BULK DRUM
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**GENERATOR:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY/ST/ZIP:** \_\_\_\_\_ **EPA ID#** MN

Only one DDC type per box/cont. and one item per line. All items must be labeled and sealed. Use absorbent packing material to prevent breakage. Write box/cont. number on box/cont. Check whether the box/cont. contains solids or liquids. Check whether a labpack (multiple items) or bulk material (pail or drum).

ITEM	DDC	CAS NUMBER	COMPOUND NAME	EPA#(s)	AMOUNT	DRUM (CSDP USE)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

This is to certify that I have read the provided instructions and that the above named articles are properly classified, described, packaged, marked, and labeled and in proper condition for transportation according to the applicable regulations of the Department of Transportation. Improper information constitutes violation of Federal Law 580, which could result in civil or criminal penalties.

**NAME** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_