

Department: _____
Building: _____
Room(s): _____

ATTENTION

CUSTODIAL SERVICE

YES NO

Contact: _____
WSU Phone: _____
Emergency Ph: _____
PI: Yes No

Contact: _____
WSU Phone: _____
Emergency Ph: _____
PI: Yes No

Contact: _____
WSU Phone: _____
Emergency Ph: _____
PI: Yes No



CF: _____
Gal: _____
Lbs: _____



CF: _____
Gal: _____
Lbs: _____



OX Class 4 OX Class 3 OX Class 2 OX Class 1
CF: _____ CF: _____ CF: _____ CF: _____
Gal: _____ Gal: _____ Gal: _____ Gal: _____
Lbs: _____ Lbs: _____ Lbs: _____ Lbs: _____



CF: _____
Gal: _____
Lbs: _____



WR Class 3 WR Class 2 WR Class 1
CF: _____ CF: _____ CF: _____
Gal: _____ Gal: _____ Gal: _____
Lbs: _____ Lbs: _____ Lbs: _____



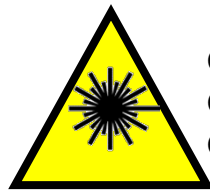
CF: _____
Gal: _____
Lbs: _____



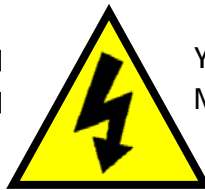
CF: _____
Gal: _____
Lbs: _____



CF: _____
Gal: _____
Lbs: _____



Class 3R
Class 3B
Class 4



Yes
No



Yes
No



BSL 1
BSL 2
BSL 3



Yes
No

Personal Protective Equipment Required for Entry:



Yes
No



Yes
No



Yes
No



Yes
No



Yes
No



Yes
No

Additional PPE Required for Entry:

Notes:

Non-Potable Water

Date Created: _____