

Peroxide Forming Compound (PFC) Hazwaste Tag

Supplier: _____

Chemical name (no abbreviations): _____

Lot # (if known): _____

Has container been opened? (Y/N) _____. If yes, date: _____

Are there any additives (e.g. mixed with different solvent, molecular sieves, contaminants etc)?:

Any evidence of crystallization, cloudiness, wispy or ice-like structures? (Y/N) _____

If yes, describe: *Note: if crystals are evident - DO NOT TEST FOR PEROXIDES, contact ohs@uvic.ca*

Peroxide levels detected: _____ ppm or mg/L H₂O₂ at time of submission

Test performed by: (Name & PI/group) _____

Date test performed (DD-MM-YY): _____

**Attach filled out form with waste bottle using a green hazardous waste sticker. Do not cover WHMIS label*

*[*Please review the UVic PFC Safe Work Procedure for a list of applicable chemicals on the OHSE website](#)*

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