

Procedures for Waste Disposal

(Areas of concern from MOM after corrective actions taken by 4 Schools)

No	Area of Concern	Action Plan / Procedures
1	Transport of Hazardous Waste	<ol style="list-style-type: none"> 1. Use only Cargo lift and secure trolley 2. Two lab users from each lab transport hazardous waste. 3. No other passengers (except transporters) remain in the lift 4. No more 2 labs share the same lift at one time
2	Management of Hazardous Waste	<ol style="list-style-type: none"> 1. Waste disposal must be recorded. Use Waste Document. 2. Labs submit a properly filled Waste Document for every waste Disposal. Keep one copy in the lab. 3. All waste generated must be traceable and documented. 4. Labs keep a monthly compilation of Waste Record. 5. Labs Submit the Waste Record to Waste Management Group at the end of the month and the year. 6. Waste Management Group keeps document and updates waste record weekly, monthly and yearly.
3	Reduce unnecessary Transfer of Waste	<ol style="list-style-type: none"> 1. Use smaller waste carboy instead of re-using glass bottle. 2. Dispose direct into the waste carboy. No transfer is required. 3. Record each chemical that is added to waste container on the label of the waste container.
4	Guideline on Disposal of Lab Waste	<ol style="list-style-type: none"> 1. Waste container shall be made of polymer compatible with the waste generated. 2. Always use secondary containment for liquid waste carboy to contain any spillage encountered. 3. No glass bottles shall be used. For use of glass bottle, RA must be conducted and the supervisor must approve. (Refer to section 7.3 of the "Guideline On Disposal of Lab Waste 10.1")
5	GHS labeling	<ol style="list-style-type: none"> 1. Mandatory to label all chemicals including wastes. 2. Use pictogram for most significant hazard in mixed waste.
6	NEA e-tracking for waste disposal	<ol style="list-style-type: none"> 1. The Waste Management Group will do e-tracking as a waste generator and keep records. 2. The contractors will also do e-tracking as a waste collector.

WASTE DOCUMENT

(To record every time disposing waste to waste collection area)

Date: _____

PI / In-charge: _____ Lab / Location: _____

Collected by (Waste Management Group): _____

SOLID CHEMICAL WASTE

Item No.	Item Disposed				Quantity (kg/box/piece)	Waste Disposed by
	Chemically-contaminated Waste* (Please tick)	Broken Glassware (Please tick)	Cytotoxic Waste** (Please tick)	Spent/ Empty hazardous chemical containers*** (Please Specify Chemical Name)		
1	√				5 kg	ABC
2		√			1 box	ABC
3			√		3 kg	ABC
4				Ethanol	1 pc	ABC
5				Formaldehyde	1 pc	ABC

*Items contaminated with chemicals such as gloves, weighing dishes, serological pipettes, etc.

**Items contaminated with Ethidium bromide, acrylamide, SYBR-green, etc.

***Empty chemical containers previously containing hazardous chemicals (GHS pictograms)

WASTE DOCUMENT

(To record every time disposing waste to waste collection area)

Date: _____

PI / In-charge: _____ Lab / Location: _____

Collected by (Waste Management Group): _____

LIQUID CHEMICAL WASTE

Carboy No.	Item Disposed				Quantity (L) (5/10/20)	Waste Disposed by
	Organic Halogenated	Organic Non-halogenated	Inorganic (except acids/alkalis)	Special/ Others* (To segregate individually) – Please Specify		
1	✓				10	ABC
2		✓			10	ABC
3			✓		10	ABC
4				Nitric acid	5	ABC
5				Mercury chloride	5	ABC

* **Special/ Others:** e.g., Inorganic acids, inorganic bases, HF, Br, Hg, nitric acid, perchloric acid, phenol, heavy metals, oxidising & peroxides, pyrophorics, any other chemicals which are incompatible with others.

WASTE DOCUMENT

(To record every time disposing waste to waste collection area)

Date: _____

PI / In-charge: _____ Lab / Location: _____

Collected by (Waste Management Group): _____

SOLID BIO-WASTE

Bag No	Item Disposed		Weight (Kg)	Waste Disposed by
	No Antibiotic (Please tick)	With Antibiotic (Please Specify)		
1.	✓		6 kg	ABC
2.		Ampicillin, Gentamicin	5.5 kg	ABC

LIQUID BIO-WASTE

Carboy No	Item Disposed		Volume (L)	Waste Disposed by
	No Antibiotic (Please tick)	With Antibiotic (Please Specify)		
1	✓	Penicillin, Streptomycin	10	ABC

