

Waste Disposal Procedures for Clinics

(EHS Program Manual 135.03)

**EHS ENVIRONMENTAL
HEALTH & SAFETY**



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1.0 Table of Content

1.0	Table of Content	1
2.0	Purpose/Overview	3
3.0	Objectives	3
4.0	Applicability/Scope	3
5.0	Policy	3
6.0	Responsibilities	4
6.1	WASTE GENERATORS	4
6.2	ENVIRONMENTAL HEALTH AND SAFETY	4
6.3	HOUSEKEEPING	4
7.0	Expired Medication and Hazardous Waste Management in Clinical Spaces	4
7.1	CLINICAL CHEMICAL WASTE (NOT INCLUDING CHEMOTHERAPEUTIC WASTE)	4
7.1.1	Non-Hazardous Chemical Waste	4
7.1.2	Hazardous Clinical Chemical Waste	5
7.2	CHEMICAL WASTE SATELLITE ACCUMULATION AREA (CWSAA) REQUIREMENTS	5
7.2.1	CWSAA Location	5
7.2.2	CWSAA Posters	6
7.2.3	CWSAA Storage Limits	6
8.0	Regulated Medical Waste Management in Clinical Spaces	6
8.1	CLINICAL RED BAG WASTE	6
8.1.1	Acceptable Red Bag Contents	7
8.1.2	Packaging, Shipping and Disposal Considerations	8
8.2	CLINICAL SHARPS WASTE	9
8.2.1	Acceptable Sharps Waste Contents	9
8.2.2	Disposal Procedures	10
8.3	CLINICAL CHEMOTHERAPEUTIC WASTE	10
8.3.1	EPA-Regulated Chemotherapeutic Agents List	10
8.3.2	EPA-Regulated Chemotherapeutic Waste Managed by EHS	11
8.3.3	All Other Chemotherapeutic Waste – “Trace Chemo”	11
9.0	Radioactive Waste Disposal Procedures	13
9.1	MANAGEMENT AND REMOVAL OF ISOTOPIC WASTES	13
9.1.1	Decay in Storage	13
9.1.2	Containers for Sharps	13
9.1.3	Radioactive Sharps	13
9.2	OTHER RADIOACTIVE WASTES	14
9.2.1	Metallic Lead (Uncontaminated)	14
9.2.2	Tritium (H3) Exit Signs and Smoke Detectors	14
9.2.3	Sealed Sources	14
9.3	RADIOACTIVE WASTE CLASSIFICATIONS AND DEFINITIONS	14
9.3.1	Radioactive Biohazardous Waste	14

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	1 of 28



9.3.2 Radioactive Hazardous Sharps Waste.....14

9.3.3 Radioactive Non-Biohazardous Sharps Waste14

9.3.4 Radioactive Regulated Medical Waste.....15

9.3.5 Radioactive Liquid Waste15

9.3.6 Radioactive Stock Vials15

10.0 Specific Disposal Procedures15

10.1 DRAIN DISPOSAL15

10.1.1 Characteristics of Liquid to Be Discarded15

10.1.2 Drain Requirements.....15

10.1.3 Procedure15

10.2 TRASH DISPOSAL (EXCLUDING EMPTY CONTAINERS).....15

10.2.1 Characteristics of Materials Appropriate for Trash Disposal16

10.2.2 Procedure16

10.3 EMPTY CONTAINERS.....16

10.3.1 Requirements for Trash Disposal of Empty Containers16

10.3.2 Characteristics16

10.3.3 Procedure17

10.4 SHARPS WASTE17

10.4.1 Disposal Procedures17

10.5 BIOLOGICAL WASTE LIQUIDS18

10.6 HUMAN PATHOLOGICAL WASTE18

10.7 ACUTELY TOXIC CHEMICAL WASTE (SHARPS AND EMPTY CONTAINERS).....18

10.7.1 Sharps Waste for non-acutely toxic or Odiferous/Pungent Chemicals18

10.8 DEA CONTROLLED SUBSTANCES18

10.9 UNIVERSAL WASTES: MERCURY LAMPS AND LIGHT BULBS19

10.9.1 Broken lamps.....19

10.10 COMPUTERS/SURPLUS ELECTRONICS RECYCLING.....20

10.10.1 Acceptable Electronics Waste20

10.10.2 Disposal Procedures20

10.11 BATTERY RECYCLING AND DISPOSAL21

10.11.1 Disposal Procedures21

10.11.2 Leaking Batteries.....22

10.12 SCRAP LEAD RECYCLING.....22

10.12.1 Scrap Lead from Radiation Shielding Materials22

10.12.2 Scrap Lead from Construction Projects.....22

10.13 DISPOSAL OF UNKNOWNNS23

11.0 Training23

11.1 EHS SAFETY TRAINING23

11.2 REGULATED MEDICAL WASTE SHIPPER TRAINING23

11.3 RADIOACTIVE WASTE TRAINING23

12.0 Compliance with this Policy23

13.0 Definitions24

13.1.1 EPA Regulated Medications.....24

13.1.2 Chemotherapeutic Sharps Wastes.....24

13.1.3 Chemotherapeutic Clinical Trial Samples24

13.1.4 EPA-Regulated Chemotherapeutic Agents24

13.1.5 Clear Bag Waste/Trash24

13.1.6 Clinical Drug and Chemical Wastes24

13.1.7 Human Blood and Blood Products25

13.1.8 Non-Hazardous Chemical Wastes25

13.1.9 Red Bag Wastes.....25

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	2 of 28



13.1.10 Sharps25

13.1.11 Reverse Distribution25

13.1.12 Empty Containers and Vials25

14.0 References26

14.1 FEDERAL26

14.2 LOCAL26

14.3 OTHER26

14.4 EHS WEB RESOURCES27

15.0 Record Retention, Availability, and Revisions27

15.1 RECORD RETENTION27

15.1.1 EHS Training Records27

15.1.2 Medical Waste Tracking Forms27

15.2 POLICY REVISIONS27

15.3 POLICY/PROGRAM APPROVAL27

16.0 Version History27

APPENDIX A – Chemical Waste Satellite Accumulation Area Poster Sample28

2.0 Purpose/Overview

Federal and state regulations guide waste management requirements at Weill Cornell Medicine (WCM). To be in compliance, Workforce Members (“waste generators”) must ensure that they correctly assess, manage, and dispose of chemical, biological, and radiological wastes (“regulated wastes”) that may be generated in their work space. Waste must be adequately managed by generators in their work areas prior to collection and/or disposal.

3.0 Objectives

The Waste Disposal Program Manual for Clinics hereby referred to as the “Policy” aims to:

- Identify regulated waste streams that may be generated in WCM clinics.
- Define waste management protocols for regulated waste streams in WCM clinics.
- Describe specific wastes that may be of acute toxicity or health risk for Workforce Members.
- Outline packaging requirements for off-site disposal.
- Provide waste training resources for clinical Workforce Members.
- Provide partial compliance with local, state, and federal regulations.

4.0 Applicability/Scope

This policy applies to all WCM Workforce Members and non-WCM individuals who will generate, handle, and/or dispose regulated waste streams in the main campus and off-site clinics.

This policy does not apply to WCM-Qatar Workforce Members. Please refer to the respective WCM-Qatar Environmental Health & Safety policies.

5.0 Policy

This policy provides clear guidance to the WCM **clinical** community about the proper disposal of chemical, biological, radiological, and universal wastes. Environmental Health and Safety (EHS) at WCM has developed this Waste Disposal Program Manual (WDPM) to instruct generators in the proper management of chemical, biological, and universal wastes. The Office of Health Physics manages and provides guidance on the disposal of radioactive wastes.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 3 of 28
---	--	-------------------------



6.0 Responsibilities

6.1 WASTE GENERATORS

WCM Workforce Members who handle or use chemical, biological, radioactive, and/or universal waste (e.g., fluorescent bulbs, batteries, computers) materials have a responsibility to ensure that the waste from these materials is properly disposed of.

Waste generators need to be informed and to ensure that wastes meet the following requirements:

- Adequately classified as chemical, biological, radiological, universal waste, or a mixture of waste types;
- Treated or decontaminated, if required; and
- Managed and disposed of as detailed in this procedure.

Following these guidelines will ensure the wastes are disposed of safely and in compliance with federal, state, and local regulations within proper disposal locations where they cannot cause harm and injury to waste generators, others, or the environment.

All waste must be disposed of according to the Waste Disposal Procedures. If any of this information is unclear, contact EHS before disposing of waste. Instructions will be provided to you specifically covering your waste.

6.2 ENVIRONMENTAL HEALTH AND SAFETY

EHS responsibilities include:

- Developing and maintaining waste disposal procedures that comply with federal, state, and local regulations.
- Educating and training the WCM community about these waste disposal procedures.
- Providing assistance and technical guidance on the proper disposal of chemical, biological, radiological, and universal wastes.
- Inspecting and auditing College activities to ensure that waste storage and disposal practices are consistent with these procedures.
- Administration and management of radiological material reception, storage, handling, and use; and radioactive waste disposal procedures.

6.3 HOUSEKEEPING

WCM Department of Housekeeping duties include:

- Nightly collections of regular trash and biological waste red bags from within the generator's work area.
- Collections of surplus electronics for recycling in WCM Housekeeping-supported facilities.

7.0 Expired Medication and Hazardous Waste Management in Clinical Spaces

The following procedures apply to clinical/patient care areas and differ slightly from the chemical and biological waste management procedures referenced for research laboratories and non-medical settings at WCM. Materials suitable for disposal with EHS include unwanted and/or expired medications, laboratory reagents, and medical-grade disinfectants.

7.1 CLINICAL CHEMICAL WASTE (NOT INCLUDING CHEMOTHERAPEUTIC WASTE)

Many pharmaceutical drugs and chemicals utilized in clinics are considered hazardous and regulated by the U.S. Environmental Protection Agency (EPA) when disposed of. The EPA's disposal requirements are more stringent than the standard "clear bag" (e.g., trash) or regulated medical waste "red bag" and sharps container options. In general, drugs, expired medications and chemical wastes from clinical areas must be collected and disposed of via EHS, unless identified by EHS as non-hazardous and safe for alternative disposal.

7.1.1 Non-Hazardous Chemical Waste

Refer to the [Non-Hazardous Chemical List](#) for guidance on appropriate drain and trash disposal.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 4 of 28
---	--	-------------------------



Non-hazardous chemical wastes generated in clinical areas may include:

- Expired non-hazardous medications and pharmaceuticals
- Syringes containing only non-hazardous chemicals, or pharmaceutical drugs that have already been administered to a patient, which may be disposed of in red sharps containers
- Buffers, saline solutions, and standard IV bags containing non-hazardous chemicals (e.g., sodium chloride, potassium chloride, or glucose solutions) to which no medications have been added
- Small containers (less than 50 mL), such as empty or residual syringe vials, which may be disposed of in a sharps container
- Aqueous, non-hazardous solutions, which may be disposed of via approved drain disposal

If waste does not clearly meet the criteria above, dispose of it through EHS or contact EHS for guidance on an alternate disposal method. Please refer to section 14.4 for a link to Non-Hazardous Chemical list.

7.1.2 Hazardous Clinical Chemical Waste

7.2 CHEMICAL WASTE SATELLITE ACCUMULATION AREA (CWSAA) REQUIREMENTS

A Chemical Waste Satellite Accumulation Area (CWSAA) is a designated area within the laboratory/work area where chemical waste is stored until it is collected by EHS. This area can be a small section of a chemical hood, bench top, cabinet, or any combination, depending on storage requirements, which must be under the control of the generator. Certain conditions must be met to maintain this designation. Do not store chemicals or chemical wastes under sinks.

7.2.1 CWSAA Location

The CWSAA must be at or near the point of waste generation. This means that the waste must remain in the same laboratory/area and cannot be moved through a corridor to a different room for storage.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	5 of 28



7.2.2 CWSAA Posters

All CWSAAs must be designated with a Chemical Waste Satellite Accumulation Area poster ([Appendix C](#)). Contact EHS to obtain a copy of the poster, or you can print out the CWSAA poster. The poster contains a QR code to EHS’s webpage, which contains links to [Salute](#), required for chemical pickup from EHS.

Chemical Waste Satellite Accumulation Area

Waste Storage & Removal

- 1. Containerize**
 - Store all waste in a sealed compatible container. Keep containers closed at all times, except when adding waste. *Use vented caps when needed.*
 - Use secondary containment to prevent spills and to segregate incompatible waste streams.
 - Maintain waste in the Chemical Waste Satellite Accumulation Area until collection.
- 2. Label**
 - Use the hazardous waste labels provided by EHS to mark all containers. *Do not date the containers.*
 - Indicate all hazard characteristics and write all chemical constituents and approximate percentages. *Do not use abbreviations.*
- 3. Contact EHS**
 - Once the containers are full, request pickup by completing a Chemical Collection Request Form. Visit <https://ehs.weill.cornell.edu/chemicalcollection> or scan the QR Code.

Example of chemical waste properly containerized and labeled

Hazardous waste label.

Scan code for Chemical Collection Request Form

Unacceptable Storage/Disposal

- Never store more than 1 quart of liquid acutely hazardous waste (P-listed), or more than 1 kg of solid acutely hazardous waste.
- Never accumulate more than 55 gallons of hazardous non-acute waste.
- Never use evaporation or dilution as a treatment method.
- Never dispose of waste in the sink or trash unless listed in the approved non-hazardous chemical list on the EHS website.

For more information, please refer to EHS Program Manual 5.2 - Waste Disposal Procedures

Laboratory Staff: Post at or near the point of waste generation- 40 CFR 262.15

Environmental Health and Safety

TEL 646-962-7233 WEB weill.cornell.edu/ehs EMAIL ehs@med.cornell.edu

Weill Cornell Medicine | 402 East 67th Street, Room LA-0202 | New York, NY 10065

T:\documents\ehs\forms_labels\sign\CWSAAPoster.pdf

7.2.3 CWSAA Storage Limits

Chemical Waste Satellite Accumulation Areas are limited to storing:

- <55-gallons of chemical or expired medication waste

Contact EHS immediately if these storage limits are exceeded. Wastes must be removed within 3 calendar days of exceeding these storage limits.

8.0 Regulated Medical Waste Management in Clinical Spaces

The following procedures apply to regulated medical waste generation in clinical/patient care areas. These can include contaminated materials such as personal protective equipment (PPE), medical instruments, sharps, and identifiable body tissues.

8.1 CLINICAL RED BAG WASTE

Red bags (primary containers) are used to collect biologically contaminated solid, non-sharps wastes. Generators should avoid discarding non-hazardous, ordinary trash wastes (e.g., paper, non-contaminated gloves) in red bags. Clinics serviced by Housekeeping and Facilities and Campus Services (FACS) may request secondary containers, or “red bins” from Housekeeping. Practices will be charged the cost of the containers. Alternatively, practices may order secondary containers from a third-party vendor.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	6 of 28



Primary containers or “Red Bags” must comply with 10 NYCRR §70-2.2 and be:

- Red in color
- Leak-resistant
- Of sufficient strength to prevent tearing or rupture
- Capable of being securely closed
- Marked with the universal biohazard symbol or the word “biohazard”
- Used only for regulated medical waste
- Closed prior to removal from the point of generation
- Handled and stored to prevent spillage or exposure
- Labeled with the name and address of the generating facility prior to off-site transport, unless the red bag is placed into a labeled secondary container for transport.
- Placed into a properly labeled secondary container prior to off-site transport

Secondary containers (red bins) used for regulated medical waste shall comply with the container and containment requirements of 6 NYCRR Part 360, including §360.2(b)(253). Red bins will be:

- Leak-resistant
- Strong enough to prevent tearing or bursting
- Puncture-resistant and impervious to moisture
- Constructed with leak-proof sides and bottom
- Equipped with a tight-fitting cover or otherwise capable of being securely closed
- Maintained in good repair

8.1.1 Acceptable Red Bag Contents

Utilize red bags for: solid, non-sharps wastes and small (<10ml) vials with sealed caps (e.g., Eppendorf tubes or cryovials) of human blood, blood products, and body fluids.

Red Bag Waste

BSL-2 non-sharp items, contaminated PPE, petri dishes, contaminated media bottles, infectious and fixed tissues

⊘ Uncontaminated PPE, plastic films, packaging, food items, non-infectious materials

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	7 of 28



8.1.2 Packaging, Shipping and Disposal Considerations

The following procedures apply to the Workforce Members at clinical locations responsible for packaging and shipping red bags/regulated medical waste. Refer to **figure 2** below for assistance with packing and labelling of fiberboard.

Use Approved Red Bags: Red bags shall comply with 10 NYCRR 70-2.2. Main campus clinics are provided with red bags upon request by Housekeeping. The NYS Department of Health has determined that clinics may label the secondary container (i.e., fiberboard box) to fulfill this requirement. Clinics must apply vendor provided labels (durable and water-resistant) with the name and address of the facility **to the fiberboard box** that will be used for storage and transport of the waste material.

Store/Secure: Place red bags in secure containers and devices that properly support the red bag and can be decontaminated.

Do Not Overfill Red Bag: Do not overfill red bags (e.g., 75% full maximum).

No Sharps in Red Bag: Under no circumstances shall a sharp be disposed in red bags.

Liquid Waste Considerations: If small, sealed vials of liquid wastes (i.e., <10mL/vial) are being placed into red bags, the red bags should be double/triple bagged, and special consideration must be paid to limit quantities and weight of the full red bag.

Seal Full Red Bags: Once full (not more than 75%), red bags must be closed and tied.

Additional requirements for off-site clinical personnel:

Train Workforce Members – Regulated Medical Waste Shipper Training must be completed by Workforce Members responsible for **(1)** packaging and labeling regulated medical waste, and **(2)** signing Medical Waste Tracking Forms.

Detailed information on the [Regulated Medical Waste Shipper Training](#) and registration instructions are available on the EHS website. This training is required by these Workforce Members for renewal every three (3) years.

Signing and Retention of Shipping Documents – Medical Waste Tracking Forms must be signed by Regulated Medical Waste Shipper-trained Workforce Members. Copies of the Medical Waste Tracking Form must be retained for a minimum of three years and be readily accessible for inspection.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 8 of 28
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Figure 2. Example of Labeling fiberboard for disposal

*include initials w/ date

Generator label – “red bag” waste

(010165 - 000002)
 Generator: Weill Cornell Medical College
 1305 York Ave
 New York, NY 10021
 (646) 962-8112
 Carrier: Daniels Sharpsmart Inc.
 925 Conroy PL
 Easton PA 18040
 484-546-2130
 RMW Bio- Autoclave
 1 0 1 6 5 - 2 - 1 - 3 0 5 L B

8.2 CLINICAL SHARPS WASTE

Clinics at the main campus and some offsite clinics utilize **Daniels Health** (“Daniels”) re-usable sharps containers to collect and dispose of biohazardous sharps wastes. Offsite clinics are serviced by either Daniels or Stericycle. Contact EHS to obtain sharps containers and/or to address service issues.



Weill Cornell Clinics are supplied with Daniels S22 (3gal) and S32 (8gal) sharps containers.

8.2.1 Acceptable Sharps Waste Contents

Utilize Daniels sharps containers (see photo) for:

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 9 of 28
------------------------------------	---	------------------



- Sharps wastes and small (<100ml) vials with sealed caps (e.g., blood tubes) of human blood, blood products, and body fluids; and
- Unused sharps
- Razors
- Pipette tips
- Needles
- Hypodermic needles

Anything that can puncture, pierce, cut, and/or abrade the skin

8.2.2 Disposal Procedures

Discard Immediately: Do not recap needles. Place sharps waste directly into sharps containers.

Do Not Overfill: Under no circumstances shall a sharps container be filled beyond the fill line indicated on the container (i.e. about **75 – 80%** full).

Clinical sharps are exchanged weekly in Weill Greenberg clinics. Offsite practices must work with the EHS to establish, modify, or close an account for regulated medical waste removal. Accounts are established according to the sites scope and needs. Contact EHS immediately if additional sharps containers are required prior to the next sharps collection period.

8.3 CLINICAL CHEMOTHERAPEUTIC WASTE

Chemotherapeutic agents (“Chemo”) are toxic chemicals, and specific agents are regulated by the United States Environmental Protection Agency (EPA) as a hazardous waste when disposed of. EPA regulations also consider the containers and materials used in administering EPA-regulated chemotherapeutic agents as potential hazardous wastes (e.g., syringes; tubing and IV bags; spill clean-up). All generators of chemo wastes are required to collect and segregate these materials separately from other regulated medical wastes.

8.3.1 EPA-Regulated Chemotherapeutic Agents List

The EPA regulates the disposal of the chemotherapeutic agents listed in Table 1 below as toxic hazardous waste. Refer to the procedures below to determine if the chemotherapy waste must be disposed of as either:

- EPA-regulated chemotherapeutic wastes disposed of via EHS; or
- All other trace chemotherapeutic wastes disposed of via Daniels’ chemotherapeutic waste program.

Table 1: EPA Regulated Chemotherapeutic Agents [40 CFR §261.33]

EPA-Regulated Chemotherapy Agent	C.A.S. #	Brand Name(s)
Arsenic Trioxide (see Note below)	1327-53-3	Trisenox
Azaserine	115-02-6	N/A
Chlorambucil	305-03-3	Leukeran
Chlornaphazine	494-03-1	<i>Discontinued Use</i>
Cyclophosphamide	50-18-0	Cytoxan;Neosar
Daunomycin	20830-81-3	Cerubidine; Daunorubicine; Daunoxome; Rubidomycin
Ethyl Carbamate	51-79-6	Urethane
Melphalan	148-82-3	Alkeran; L-PAM

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 10 of 28
---	--	--------------------------



EPA-Regulated Chemotherapy Agent	C.A.S. #	Brand Name(s)
3-Methylcholanthrene	56-49-5	N/A
Mitomycin C	50-07-7	Mutamycin; Mitozytrex
Streptozotocin	18883-66-4	Zanosar
Uracil Mustard	66-75-1	N/A

Note: Arsenic trioxide is regulated as acutely toxic hazardous waste (P-coded waste) by the EPA, and has more stringent disposal requirements than those outlined in this Program. Contact EHS if arsenic trioxide is utilized in the clinic for supplemental disposal procedures.

8.3.2 EPA-Regulated Chemotherapeutic Waste Managed by EHS

EPA-regulated chemotherapeutic agents listed in the table above must be disposed of via EHS when in the following forms:

- Full and partially full bottles, vials, IV bags, or other containers with EPA-regulated chemotherapeutic agents
- Syringes containing EPA-regulated chemotherapeutic agents which have not been administered to a patient
- Spill clean-up wastes of an EPA-regulated chemotherapeutic agent

Manage and dispose of EPA-regulated chemotherapeutic wastes in the forms above as follows:

1. **CONTAINERIZE** – Collect wastes into hard-walled containers with screw-top, sealable lids. Syringes must be placed into separate sharps containers. Original bottles and vials with sealable lids or caps do not have to be re-containerized.
2. **LABEL**– Label each container with a Hazardous Waste Label (available from EHS) with the name of the EPA-regulated chemotherapeutic agent(s) utilized. Denote “SHARPS” on the label if syringes or other sharp wastes are inside the container.
3. **CLOSE AND PROTECT** – Close containers when not in use and protect from accidental exposure to employees and patients.
4. **STORE** – Store the container in a Chemical Waste Satellite Accumulation Area with secondary containment (e.g., tub or bin) to contain spills.
5. **REQUEST DISPOSAL by EHS** – Submit an online a Chemical Disposal Request via [Salute](#) to have these wastes disposed of by EHS.

8.3.3 All Other Chemotherapeutic Waste – “Trace Chemo”

All other chemotherapeutic wastes (“Trace Chemo Waste”) not disposed of via EHS must be disposed of in the following manner. Please refer to **Figure 3** below for assistance in labeling and packing of trace chemo waste.:

- Empty or residue-containing bottles, vials, IV bags, or other containers with EPA-regulated chemotherapeutic agents.
- Sharps, Syringes, and tubing containing EPA-regulated chemotherapeutic agents that have been administered to a patient.
- Any waste associated with chemotherapeutic agents not regulated by the EPA (i.e., chemotherapeutic agents not listed in the table).

Clinics must manage and store wastes prior to disposal by vendor as follows:

1. **CONTAINERIZE** –
 - Chemo Sharps Waste Containers: Collect chemo sharps waste in yellow chemo sharps containers.
 - Yellow Chemo Waste Bags: Non-sharps chemo waste must be collected in yellow chemo waste bags (see photo).

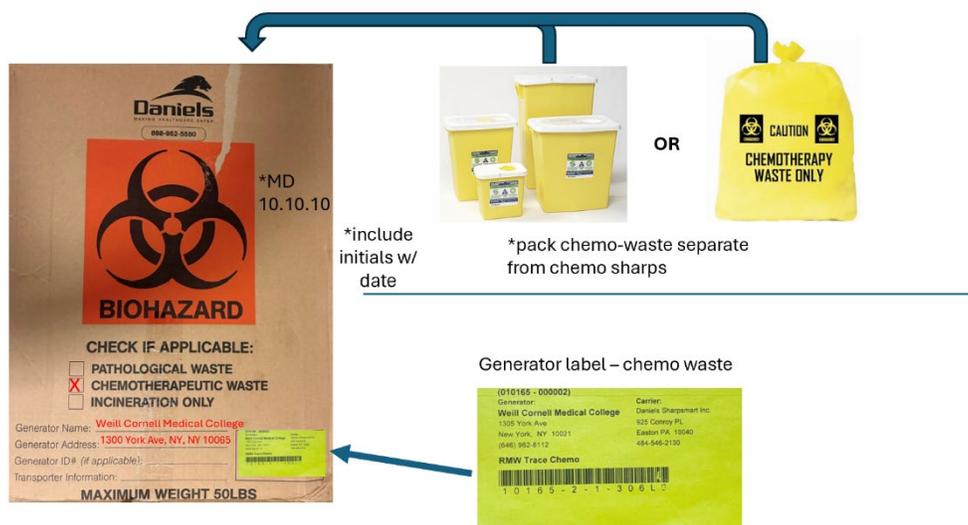
VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 11 of 28
---	--	--------------------------



2. **CLOSE AND PROTECT** – Close sharps containers and chemotherapy waste bags and protect against accidental exposure. Remove when full. Chemo waste bags must be removed at least each evening.
3. **PACKAGE and LABELING OF FIBERBOARD** – Sealed chemo sharps containers and chemo waste bags must be placed into vendor specific fiberboard boxes for regulated medical waste which are lined with a yellow chemo waste bag.
 - regulated medical waste fiberboard boxes (see photo) must be labeled:
 - Apply an “Incinerate Only” sticker or check “INCINERATION ONLY” on the box.
 - Check “CHEMOTHERAPEUTIC WASTE” on the box.
 - Apply Daniels regulated medical waste Shipper Label (YELLOW LABEL).
 - Write the date and initial the box. This can assist in tracking generator origin within WCM in the event of an issue.

REMOVAL and STORAGE – Clinics in the Weill Greenberg Center must contact WCM Housekeeping Services (646-962-9912) to request chemo waste collections. Routine generators of chemo waste must designate staff member to be trained in the packing, labeling, and transport of waste from the practice to the central accumulation facility located in Belfer. All other off-site clinical areas must self-manage their chemo wastes with Daniels as specified above. Empty

Figure 3. Example of chemotherapeutic waste packing and labeling



IV bags and other containers that contained materials listed in table 1 should be collected and managed as a chemical waste, as these are regulated by the EPA. Please contact EHS if you are using any materials in table 1. EHS will assess the practices needs, including necessary supplies for proper waste segregation.

4. **Store** – Store the box in a secured regulated medical waste storage area.
5. **(For offsite clinics) Sign and Save Shipping Documents** – Medical Waste Tracking Forms must be signed by Regulated Medical Waste Shipper-trained Workforce Members. Copies of the Medical Waste Tracking Form must be retained for a minimum of three.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 12 of 28
---	--	--------------------------



9.0 Radioactive Waste Disposal Procedures

Radioactive wastes are generated from radioactive isotopes or byproducts of activities with radioactive isotopes. Specific disposal procedures exist and are dependent on the form, activity, and volume of the radioisotope waste generated. All radioactive wastes must be discarded as outlined in this section.

9.1 MANAGEMENT AND REMOVAL OF ISOTOPIC WASTES

9.1.1 Decay in Storage

Containers with isotopes having half-lives < 90 days can be stored for decay in the laboratory following proper procedures:

- Waste must be decayed for 10 half-lives.
- The radioactive waste label must be complete with isotope, activity, and date.
- The inner or outer container must be sealed.
- Date of first storage must be clearly written on the waste label.
- After storage for 10 half-lives, the waste must be surveyed with a calibrated survey meter.
- Complete the reverse side of the radioactive waste label.
- All records must be kept for inspection for 2 years.

9.1.2 Containers for Sharps

- Regulated medical waste in the form of sharps must be collected in a red sharps container. A biohazard label or universal biohazard symbol, as well as the radiation symbol and radiation waste label, must be visible and complete on all sharps containers. See Section 11.4 for definitions of sharps waste.
- Sharps that are not regulated medical waste must be collected in a rigid, puncture-resistant, leak-proof container and segregated in the dry radioactive waste containers. This container ensures safety for future handling and disposal by Workforce Members. See section 11.4 for a description of non-biohazard sharps waste.

9.1.3 Radioactive Sharps

Radioactive sharps include hypodermic needles, syringes with attached hypodermic needles, razor blades, scalpel blades, X-acto® blades, Pasteur pipettes, serological pipettes, pipette tips, blood tubes, and glass or plastic that is broken or is expected to break in the process of storage, processing, or disposal. Liquid scintillation vials are not handled as sharps waste unless already broken.

- Regulated Medical Waste Sharps
 - No biohazardous materials such as bacteria, viruses, fungi, etc., capable of causing illness can be placed in a container unless the infectious agents are deactivated.
 - Only a red medical waste sharps container may be used.
 - The container must be labeled “Biohazard” and have a radiation symbol.
 - The container must have a radiation waste label.
- Routine Research Sharps
 - No biological agents or regulated medical waste are allowed.
 - Containers must be appropriate for sharps with appropriate radiation labeling.
 - Smaller rigid containers for sharps can be placed in dry radioactive waste containers. First, remove all radiation labels.
- All sharps containers must be segregated by radioisotope except those with half-lives >90 days, which can be combined.
- All radioactive waste containers must have a completed radiation waste label.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	13 of 28



9.2 OTHER RADIOACTIVE WASTES

9.2.1 Metallic Lead (Uncontaminated)

- Metallic lead is generally used as radiation shielding in forms that include bricks, sheets, container linings (Pigs), and lead safety apparel.
- The lead must be checked for contamination before disposal.
- Remove or deface any radiation labels and package in a container strong enough to withstand the weight. Each package should be no heavier than 60 lbs.
- Label each package as “CLEAN, FOR RECYCLING”.
- Request removal from EHS by submitting a chemical waste request through [Salute](#)

9.2.2 Tritium (H3) Exit Signs and Smoke Detectors

- Tritium gas exit signs and smoke detectors containing radioactive sources are generally licensed materials that need to be disposed of as radioactive waste. Prior to purchasing tritium (3H) gas exit signs or any smoke detectors containing radioactive sources, please discuss the possibility of acquiring non-radioactive alternatives with the EHS Fire Safety Team.
- Collect these items in a sturdy box, segregating each by the manufacturer.
- Label each box with the manufacturer, number of units, and “For Disposal”.
- Radioactive exit signs and smoke detectors are picked up from laboratories by request. To request waste removal, complete the [Radiation Waste Disposal Request Form](#).

9.2.3 Sealed Sources

- A sealed source is a radioactive material encapsulated in another medium, such as plastic or metal, or flame-sealed in a glass ampule, and are generally used for instrument calibration.
- Place sealed sources in a sturdy plastic bag. Place radiation waste label on the outside of the bag.
- Sealed sources are picked up from laboratories by request.

9.3 RADIOACTIVE WASTE CLASSIFICATIONS AND DEFINITIONS

9.3.1 Radioactive Biohazardous Waste

Radioactive biohazardous wastes are any items (such as plastic Petri dishes, plastic tissue culture flasks, micropipette tips, gloves, paper towels, etc.) that are contaminated with both radioactive material and a biohazardous agent. In general, biohazardous waste contains infectious agents (such as bacteria, fungi, and viruses) that can cause illness in humans. Human blood and body fluids contaminated with radioactive material are considered to be radioactive biohazardous liquid waste.

9.3.2 Radioactive Hazardous Sharps Waste

Radioactive biohazardous sharps waste includes items that are radioactive, biohazardous, and able to pierce the skin. They include hypodermic needles, syringes with attached hypodermic needles, razor blades, scalpel blades, X-acto® blades, Pasteur pipettes, serological pipettes, pipette tips, blood tubes, and glass or plastics that are broken or expected to break in the process of storage, processing or disposal. Liquid Scintillation Vials are not generally handled as a sharps waste unless already broken.

9.3.3 Radioactive Non-Biohazardous Sharps Waste

Radioactive non-biohazardous sharps waste includes items that are radioactive and able to pierce the skin but are not biohazardous. They include hypodermic needles, syringes with attached hypodermic needles, razor blades, scalpel blades, X-acto® blades, Pasteur pipettes, serological pipettes, pipette tips, blood tubes, and glass or plastics that are broken or expected to break in the process of storage, processing or disposal. LSC vials are not generally handled as a sharps waste unless they are already broken.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	14 of 28



9.3.4 Radioactive Regulated Medical Waste

Radioactive biological components include animals, animal parts, and/or any biological cultures that may putrefy. This category of waste does not include waste contaminated with biohazardous components, or human blood and body fluids.

9.3.5 Radioactive Liquid Waste

All liquids that have significant levels of radioactivity above background (bkg) must be collected as radioactive waste. Please sample 1 milliliter of your wastes and rinses and count the samples in a Liquid Scintillation Counter. Any sample whose count rate is more than three standard deviations above background, (e.g., **bkg + (3bkg)**), is considered a statistically significant amount of radioactivity above background and must be collected for disposal through EHS as radioactive waste. Note that laboratory sink disposal of radioactive liquids is not authorized. In situations where very large quantities of water must be used for washing or rinsing purposes, EHS and Health Physics Workforce Members must evaluate the activity and determine if collection is necessary. Any aqueous sample with a count rate below this threshold can be disposed to the sanitary sewer, assuming that EPA guidelines are followed. See the [Drain and Trash Disposal](#) guidelines at the EHS website for further information.

9.3.6 Radioactive Stock Vials

Radioactive stock vials are generally in small quantities and high concentrations of radionuclides. Stock vials containing long half-life isotopes that weren't used or lightly used can exceed concentration limits in packaging for disposal. Therefore, it is essential to segregate such vials from all other wastes.

10.0 Specific Disposal Procedures

10.1 DRAIN DISPOSAL

The disposal of hazardous materials (e.g., chemicals, biological materials, radioactive, and universal waste materials) via a sink drain is highly regulated. These regulations have been established to protect human health and the environment from exposure to hazardous substances, as well as to prevent damage to the City's water treatment facilities.

10.1.1 Characteristics of Liquid to Be Discarded

- Non-radioactive: contact Health Physics for the disposal of radioactive wastes.
- Decontaminated biological hazards (no untreated biological waste), refer to the [Biological Waste Management](#) procedures.
- Chemical constituents listed on the Non-Hazardous Chemicals List (Attachment A).
- Liquid not exceeding 5 gallons (19 liters).
- Contains less than 10% solids or viscous substances that are insoluble in water.
- Contains less than 50 mg/L (ppm) oils and greases; and
- pH greater than 5.0 and less than 11.0, or not have any other corrosive property likely to cause damage to structures or equipment of the sewerage system.

10.1.2 Drain Requirements

The drain must discharge to the sewer via a laboratory/utility sink drain only.

10.1.3 Procedure

Flush: Flush with copious amounts of water (15-20 times the original volume).

Wait: Allow the previous chemical to be completely flushed prior to discharging the next non-hazardous chemical waste.

10.2 TRASH DISPOSAL (EXCLUDING EMPTY CONTAINERS)

Containers of chemicals (including non-hazardous chemicals), biological, radioactive, and universal waste materials are not approved for disposal via normal trash. Unwanted/expired medication **may not** be disposed of via drain or trash.

Standard laboratory articles (e.g., gloves, pads, etc.) contaminated with non-hazardous chemicals **may** be disposed of via the trash.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	15 of 28



EHS is the only group or entity at WCM that has the EPA Waste Determination authority to designate chemicals as non-hazardous for drain and trash disposal. Only the substances identified on the Non-Hazardous Chemicals List (Attachment A) are considered suitable for drain and trash disposal when following the procedures listed below. A chemical was determined to be non-hazardous for the purpose of drain or trash disposal if it did not exhibit the following characteristics:

- Toxic substance which may adversely affect human health or the environment (e.g., has an oral-rat LD50 toxicity value less than 500 mg/kg or is identified as a toxic/priority pollutant by the EPA)
- Carcinogenic substance according to the National Institute of Occupational Safety and Health (NIOSH) 1979 Registry of Toxic Effects of Chemical Substances
- Hazardous waste as defined in 6 NYCRR Part 371-Identification and Listing of Hazardous Waste
- Flammable (i.e., has a flash point less than or equal to 140oF) or explosive liquids, solids, or gases
- Noxious or malodorous gas or substance (e.g., mercaptans)
- Chemicals or substances containing any of the following metals: arsenic, barium, cadmium, chromium, copper, lead, mercury, nickel, selenium, silver, or zinc
- Untreated biological hazard
- Radioactivity

Note: Other chemicals may be suitable for disposal via this procedure. However, **the discharge of chemicals not listed explicitly as a Non-Hazardous Chemical List is strictly prohibited.** Generators may submit requests for chemicals to be reviewed by contacting EHS at ehs@med.cornell.edu or 646-962-7233. An EHS representative will review the request to determine if the chemical should be added to the list.

Special Note: It is essential to be conscious of the potential harm and concern that may result from the disposal of non-hazardous chemicals via the trash. Disposal of a partially full chemical bottle or contaminated item containing excess powders may result in the formation of “dust clouds” during its handling/trash compacting, which then could expose Housekeeping or other employees to unknown chemical hazards.

10.2.1 Characteristics of Materials Appropriate for Trash Disposal

- Standard uncontaminated laboratory articles (e.g., gloves, pads, etc.)
- Non-radioactive: contact EHS for the disposal of radioactive wastes.
- No biological hazards (treated or untreated), refer to [Biological Waste Management](#) procedures.
- No sharps, no broken plastics or materials that can cut or abrade skin (e.g., no pipette tips, serological pipettes, razor blades, glass slides).
- No full or partially full chemical containers and;
- No excess or free-flowing powders

10.2.2 Procedure

Bag/Contain: if feasible, be consolidated into a bag or other container to minimize potential releases; and

Trash: Place in a regular trash receptacle for Housekeeping to collect.

10.3 EMPTY CONTAINERS

A container is considered “empty” if it contains less than or equal to 3 percent by weight of its total capacity.

10.3.1 Requirements for Trash Disposal of Empty Containers

10.3.2 Characteristics

- Non-radioactive: contact EHS for the disposal of radioactive wastes.
- No biological hazards (treated or untreated): refer to Biological/Regulated Waste Management for disposal procedures.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 16 of 28
---	--	--------------------------



- Contains less than or equal to 3 percent by weight of its total capacity.
- Originally did not contain an acutely toxic chemical ([Appendix B](#)). Acutely toxic chemical containers must be managed and disposed of as a Chemical Waste; and
- Empty urine and fecal sample containers.

10.3.3 Procedure

Remove Contents: Attempt to recover, collect, or use all of the container’s contents (e.g., no contents should be able to immediately spill from the open container, if held upside-down);

Rinse: Triple rinse with water and discharge the water down a laboratory sink drain

Discard: Discard in the trash with lids removed for Housekeeping to collect

- Glass in a rigid cardboard/glass collection box marked “Clean Glass Containers for Disposal”.
- Urine and fecal matter must be poured off prior to disposal of the containers.
- All others must be double-bagged in clear plastic garbage bags.

There are also commercial products available to collect clean, unbroken glass waste. Some vendor examples for these products would be via [Fischer Scientific](#) or VWR

10.4 SHARPS WASTE

WCM’s main campus facilities use Daniels Health re-usable sharps containers to collect and dispose of biohazard sharps wastes. Offsite Clinics may utilize Stericycle or Daniels Health, depending on the location. Contact EHS for service issues regarding sharps containers.

Used sharps containers for disposal of:

- Needles, syringes, lancets, and similar sharps used in patient care
- Sharps contaminated with blood or other potentially infectious materials (OPIM), whether or not infection is known or suspected
- Sharps used during injections, blood collection, glucose testing, wound care, or minor procedures
- Sharps that have been properly decontaminated, when applicable, in accordance with clinic infection control procedures

Sharps containers may also be used for:

- Sharps used with non-hazardous, non-toxic clinical solutions (e.g., saline or standard buffers), provided the sharps are free of excess liquid before disposal

Sharps containers **must not be** used for:

- Sharps contaminated with hazardous or acutely toxic chemicals
- Refer to the Acutely Toxic Chemical Waste (Sharps and Empty Containers) procedure for proper disposal

For unused or unopened sharps, contact EHS at ehs@med.cornell.edu for guidance on appropriate disposal options.

10.4.1 Disposal Procedures

Decontaminate (as required): Refer to the Biological Waste Management procedures to determine if the biological waste must first be decontaminated prior to disposal and follow the appropriate decontamination procedures.

Discard Immediately: Place sharps wastes directly into sharps containers.

No Overfill: Under no circumstances shall a sharps container be filled beyond the fill line indicated on the container. Contact EHS immediately if additional sharps containers are required prior to the next sharps collection period.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 17 of 28
---	--	--------------------------



Sharps Container Replacement: Laboratories must submit an online Sharps Disposal Request via [Salute](#) to initiate a sharps collection. An empty sharps container will be provided for each full container requested for disposal.

10.5 BIOLOGICAL WASTE LIQUIDS

Biological waste liquids consist of cultures, stocks, human blood, blood products, and body fluids in volumes not otherwise suitable for disposal via red bags or sharps containers. If the biological waste liquid is associated with tissue culture processing using vacuum flasks, refer to Tissue Culture/Vacuum Flask Disinfection and Disposal (below). Biological waste liquids are primarily disposed of down sinks, once decontaminated, and deemed suitable for drain disposal.

Decontaminate: Decontaminate biological waste liquids using appropriate disinfectant methods.

Drain Disposal Assessment: Assess and verify chemical constituents meet drain disposal requirements. Refer to Drain Disposal procedures section for additional information.

- **Acceptable:** If acceptable for drain disposal and after 30 minutes of contact time, disinfected liquid waste is poured down the sink and flushed with copious amounts of water.
- **Not Acceptable:** If radioactive mixed waste, dispose of via Health Physics as hazardous chemical and radioactive mixed waste. Otherwise, dispose of via as hazardous chemical waste.

10.6 HUMAN PATHOLOGICAL WASTE

Recognizable tissues, organs and body parts from human subjects are regulated under various state laws regarding the proper disposal of human remains. Each case will be considered individually. Contact EHS to determine the appropriate means for disposing of human pathological waste.

10.7 ACUTELY TOXIC CHEMICAL WASTE (SHARPS AND EMPTY CONTAINERS)

The Environmental Protection Agency (EPA) has more stringent disposal requirements for chemicals classified as acutely toxic, as there is concern that even the residues of an acutely toxic chemical can be harmful to human health and the environment. As such, sharps (e.g., pipettes), “empty” bottles and containers, weighing boats, etc. which have residues of acutely-toxic chemicals must also be collected and managed as chemical wastes. A list of EPA-regulated acutely toxic chemicals is linked in section 14.4.

10.7.1 Sharps Waste for non-acutely toxic or Odiferous/Pungent Chemicals

Certain chemicals may have a pungent odor (e.g., beta-mercaptoethanol, phenol), which are not classified as acutely toxic. Sharps waste (e.g., pipettes) with residues of these chemicals can legally be discarded in biohazard sharps containers. However, the odor may be a nuisance to laboratory staff. If this occurs, these sharps can also be collected as chemical waste. Pipette tips can typically be discarded into the waste container used to collect the chemical wastes (e.g., adding tips to phenol/chloroform extraction liquid chemical wastes) or in a separate closeable container.

10.8 DEA CONTROLLED SUBSTANCES

DEA registrants are responsible for ensuring that controlled substances are disposed of properly. Controlled substances may not be handed over to EHS or discarded with municipal or other RCRA-hazardous waste. The disposal process generally involves off-site destruction performed by specialized vendors licensed as reverse distributors by the US Drug Enforcement Administration and the NYSDOH Bureau of Narcotics Enforcement. Transfer from DEA registrants to the reverse distributors is accomplished either through an on-site pickup or a mail-back program. On-site destruction of the controlled substances may also be performed by the DEA registrant in the presence of EHS. EHS assists in obtaining approval for the disposal of DEA-controlled substances as follows:

Email EHS: Email EHS at ehs@med.cornell.edu and provide an inventory of the DEA-controlled substances to be disposed of and the DEA Registrant's contact and license information.

Store and Secure: The DEA registrant will continue to store the controlled substances in their approved storage. [The EHS Update – Security of DEA Controlled Substances](#) provides storage guidelines while awaiting disposal. Any expired

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	18 of 28



materials should be clearly identified “Expired – Do Not Use.” The failure to secure or the abandonment of controlled substances by DEA registrants is considered diversion by the DEA.

EHS Submits Documents: EHS prepares required disposal documentation (e.g., 222 Forms, Form 41) and submits to reverse distributor and/or DEA registrant for review and signature.

Witnessed Disposal: EHS will either witness the on-site pickup by the reverse distributor or facilitate the shipment of controlled substances to the reverse distributor. In the event of on-site destruction, EHS will bring the necessary materials to the lab to ensure that the controlled substances are rendered non-retrievable in the presence of the DEA registrant. The inventory of controlled substances to be disposed will be verified at that time, and all necessary recordkeeping forms will be finalized.

DEA Notification: EHS notifies the DEA and the NYSDOH Bureau of Narcotics Enforcement upon completion of disposal.

Record Retention: All DEA registrants are required to keep the disposal paperwork on hand with their other controlled substance records for a minimum for 5 years. EHS will also maintain a duplicate copy of the disposal records.

10.9 UNIVERSAL WASTES: MERCURY LAMPS AND LIGHT BULBS

Certain light bulbs and lamps may contain toxic metals such as mercury which require special disposal. These light bulbs and lamps are regulated by the Environmental Protection Agency as universal waste lamps. Typical examples of universal waste lamps include, but are not limited to, fluorescent, high-intensity discharge (HID), neon, ultraviolet (UV), mercury vapor, high-pressure sodium, and metal halide lamps. This procedure provides guidance on the proper handling, storage, and disposal of universal waste lamps at Weill Cornell.

Prevent Breakage: All universal waste lamps are to be handled and stored in a manner to prevent breakage. The lamps (unbroken) must be placed into containers or packages that:

- Are structurally sound
- Remain closed
- Are adequate to prevent breakage
- Lack evidence of leakage or spillage

NOTE: If the generator does not possess an adequate container or package, then immediately contact EHS for proper packaging and disposal.

Label Containers: Containers must be labeled “Universal Waste Lamps.”

Store Safely: While accumulating lamps, the containers and/or packages must be stored in a satellite accumulation area designated as either a “Chemical Waste Satellite Accumulation Area” (if additional types of waste are generated) or a “Satellite Accumulation Area for Universal Waste Lamps” sign.

Collection Request: Once the containers are full or as desired by the generator, an online Chemical Disposal Request via [Salute](#) should be submitted to EHS for the collection and disposal of the universal waste lamps.

10.9.1 Broken lamps

Broken lamps are no longer considered universal wastes and must be managed in compliance with the [College’s Chemical Spill Planning and Response Procedures](#).

The wastes generated from the clean-up operations must be managed as specified in WCM Chemical Waste Disposal Procedures.

At a minimum, the broken lamps must comply with the following:

- Placed into a hard-walled container that is sealable.
- The container must have a “Hazardous Waste” label with the words “Sharps - Broken Lamps”.
- Store the container in a “Chemical Waste Satellite Accumulation Area”.
- Submit an online Chemical Disposal Request via [Salute](#) to EHS for collection and disposal.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	19 of 28



10.10 COMPUTERS/SURPLUS ELECTRONICS RECYCLING

This procedure ensures the proper recycling of WCM computer equipment and other electronics following federal, state, and local waste disposal regulations. Most electronics and circuit boards contain high levels of toxic heavy metals (e.g., lead, silver) that are classified as “hazardous waste” unless adequately recycled. Surplus electronics are defined as electronic equipment that contains circuit boards or other components with toxic heavy metals.

10.10.1 Acceptable Electronics Waste

Computers and Related Peripherals, including:

- Central Processing Units (CPUs)
- Keyboards and Mice
- Monitors
- Printers and Photocopiers
- Fax Machines and Scanners
- Servers
- External Hard Drives

Other Surplus Electronics, including:

- Televisions
- Photocopiers
- VCR/DVD players and other video media devices
- Radios and Audio Equipment
- Some laboratory equipment
- Calculators
- Digital Cameras

10.10.2 Disposal Procedures

No Trash: Ensure no surplus electronics are disposed of in the regular trash.

Decontaminate: Decontaminate surplus electronics (e.g., lab equipment) which have been in contact with chemicals and/or biological materials, if applicable.

Label: Print out, complete, and tape “Surplus Electronics to be Recycled” sign, shown in the [EHS Update](#).

Store Safely: Store surplus electronics in a secure location (e.g., within the lab or office) prior to collection. Surplus electronics placed in the hallway are considered abandoned and is an illegal practice.

Request Collection:

Locations Supported by WCM Facilities and Campus Management

Submit a work order to FACS online at <http://maintenanceexpress.med.cornell.edu/> <https://facilities.weill.cornell.edu/>, or call 212-746-2288.

These locations include all sites serviced by WCM Facilities and Campus Services (FACS), including:

- 1300 York Avenue locations (A-E, F, LC, CP)
- S/SI Building
- Olin Hall
- Lasdon House
- 232 W 80th
- 2315 Broadway
- Feil Building
- 425 East 61st Street
- 428 East 72nd Street (Oxford Building)
- 442 E 77th St.
- 407 East 61st Street
- 575 Lexington Avenue

FACS Workforce Members will collect the electronics and consolidate the at each sites central accumulation facility. Once full, EHS will coordinate to have materials removed

Locations in NewYork-Presbyterian Hospital (NYP) Space

Collections in NYP Space are conducted on an as-needed basis. Email EHS at ehs@med.cornell.edu with the information below to request collection.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	20 of 28



Other Offsite Locations

Email EHS at ehs@med.cornell.edu with the information below to request collection.

Collections from locations not listed above are conducted on an as-needed basis. These sites include:

- Eastside Practice
- Westside Practice
- Westside Physicians' Offices
- 40 Worth Street
- 156 William Street

WCM-Affiliated Locations

Collections from WCM-Affiliated locations are conducted on an as-needed basis at the discretion of the EHS Director. Email EHS at ehs@med.cornell.edu to request information regarding disposal.

For correspondence related to 575 Lexington Avenue, Locations in NYP space, other offsite locations, and WCM-affiliated locations, be sure to include:

- Contact name and telephone number
- Building address and room number of the pickup location
- Type and quantity of surplus electronics to be collected
- Any access restrictions and office hours

EHS will follow up with the requestor to schedule the collection. If large collections or cleanouts are anticipated, such as the mass purchasing of new equipment, inform EHS via email. **There is no cost for this service.**

10.11 BATTERY RECYCLING AND DISPOSAL

Batteries may contain hazardous materials such as cadmium, chromium, lead, lithium, mercury, and silver. If packaged or disposed of improperly, these materials may present a fire hazard during transportation, pollute the environment and pose a threat to human health. Waste batteries which contain hazardous materials must be sent to, or collected by, EHS. EHS ensures that these batteries are managed in an environmentally sound manner via recycling and ensures compliance with applicable Federal, State, and local regulations. Common examples of batteries and their sources include, but are not limited to:

Battery Types

- Alkaline
- Lead-acid and lead-acid gel
- Lithium-ion (Li)
- Nickel-cadmium (Ni-Cd)
- Nickel metal hydride (Ni-MH)
- Mercuric oxide
- Carbon-zinc
- Silver-oxide
- Silver-cadmium

Battery Sources

- Laptop computers
- Cellular and cordless phones
- Cameras and camcorders
- Video and audio equipment
- Pagers
- Appliances and power tools
- Flashlights
- Smoke detectors
- Emergency lighting fixtures

10.11.1 Disposal Procedures

Alkaline and carbon-zinc batteries (excluding button batteries) may be disposed with regular refuse or sent to EHS for disposal. Follow the steps below to dispose of intact batteries.

Tape Battery Terminals - Batteries, except for standard Alkaline batteries (e.g., AAA, AA, C, D, 9-Volt), must be placed in separate plastic bags or have their terminals taped with clear, non-conductive tape (e.g., packing or scotch tape). This

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 21 of 28
---	--	--------------------------



is required to prevent a dangerous evolution of heat, short-circuiting, and damage to terminals caused by contact with the terminals of another battery in the same container. Improperly packaged batteries have caused a number of truck fires in recent years.

Storage/Packaging - All types of waste batteries must be placed in a container (plastic bucket, cardboard box, envelope, sealable plastic bag) while being accumulated prior to disposal. The container must be labeled "Waste Batteries".

Disposal - Use one of the following methods for disposal based on the volume of batteries in question:

- Campus Mail

Small amounts of waste batteries: place batteries into an Interdepartmental Mail envelope and send to EHS at Box 354.

- EHS Collection Request

Large amounts of waste batteries: submit an online a Chemical Disposal Request via [Salute](#) and EHS will collect the containers directly from your location.

10.11.2 Leaking Batteries

Leaking batteries may require special handling. Contact EHS to report leaking batteries and to obtain guidance on proper disposal.

10.12 SCRAP LEAD RECYCLING

Lead is found and/or utilized throughout the College. The two primary sources of scrap lead are from construction projects (e.g., old piping) and radiation shielding materials (e.g., bricks). Lead is a toxic heavy metal, and in most cases, regulated as a hazardous waste. However, through a federal exemption for scrap metal recycling, the New York State Department of Environmental Conservation allows the recycling of lead via approved scrap metal recyclers. This exempts the College from certain hazardous waste regulations regarding lead wastes, so long as they are recycled appropriately. As such, all scrap lead must be managed as detailed in this procedure and recycled via EHS' approved scrap metal recycler.

10.12.1 Scrap Lead from Radiation Shielding Materials

Lead utilized for radiation shielding materials may be in the forms of bricks, foils, radioactive material shipper packaging, and patient vests during X-raying. Any lead not utilized for its intended purpose must be disposed of as follows:

Collect and Label: Generator collects scrap lead items and labels: "Scrap Lead for Recycle (DEC C7 Scrap Metal Exemption)"

Health Physics Survey: Generator contacts EHS to have the scrap lead surveyed to ensure no radioactive contamination exists. Any scrap lead found to contain radioactive contamination must be decontaminated as required by Health Physics protocols. Members of the EHS Health Physics unit label each of the items to certify that the lead materials do not contain any radioactive contamination. EHS will only collect scrap lead materials that contain this label.

Request Collection: Once Health Physics has certified the scrap lead as having no radioactive contamination, the generator completes an online Chemical Disposal Request via [Salute](#) with the following statement added to the Comments field: "Scrap lead was surveyed by Radiation Safety, and no radioactive contamination was observed."

EHS Recycles: EHS collects the scrap lead from the generator and recycles the lead with an approved scrap metal recycler.

10.12.2 Scrap Lead from Construction Projects

Scrap lead associated with construction projects may include old piping and other related wastes/debris. Project Managers must contact EHS to coordinate scrap lead management, collection, storage, and recycling. Under no circumstances can scrap lead be removed from the College without EHS' approval. At a minimum, scrap lead from construction projects must be managed as follows:

Notify EHS: Project Manager notifies EHS during the project's pre-bid phase that scrap lead will be generated.

Engage Approved Vendor: EHS will provide the Project Manager with the EHS-approved scrap metal recycler information to establish an account for the project.

VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 22 of 28
---	--	--------------------------



Collect and Label: Scrap lead must be collected and stored securely to prevent unauthorized access and migration of lead contamination. Scrap lead is labeled: “Scrap Lead for Recycle (DEC C7 Scrap Metal Exemption)”

Recycled by Approved Vendor: Scrap lead generated at the College must be recycled by the EHS-approved scrap metal recycler.

Paperwork: Project Manager provides EHS with copies of shipping documents.

10.13 DISPOSAL OF UNKNOWNNS

If the identity of a chemical cannot be ascertained, this chemical must be handled by EHS as an **unknown**. **Unknown chemicals are considered to be extremely dangerous, because of the lack of information available regarding reactivity, physical stability, and decomposition by-products.** Since some chemicals can develop reactive moieties around caps or ground glass stoppers, never open an unknown chemical container. To remove the unknown compound, provide EHS with any information you may have regarding the material. EHS retains a contractor in reactive hazard chemical management, who will safely open and test the materials.

11.0 Training

11.1 EHS SAFETY TRAINING

EHS waste disposal procedures are incorporated into EHS safety training programs, including but not limited to:

- Laboratory Safety
- Clinical and General Safety
- Service Department Safety Training (e.g., Engineering and Maintenance, Housekeeping, Printing and Duplicating)
- Lab manager training (several modules)

Refer to the [EHS Instructor-Led Training](#) website for a description of these training programs.

11.2 REGULATED MEDICAL WASTE SHIPPER TRAINING

The US Department of Transportation (DOT) classifies Regulated Medical Waste as a hazardous material.

Workforce Members who prepare packaging/shipments and sign shipping documents (e.g., Medical Waste Tracking Forms) are required to be DOT-trained. Regulated Medical waste shipper training satisfies requirements to sign, prepare packing/shipments, and sign shipments. This training is required every three years and is available online and in person.

Detailed information on the [Regulated Medical Waste Shipper Training](#) and registration instructions are available on the EHS website.

11.3 RADIOACTIVE WASTE TRAINING

All generators of radioactive wastes should contact EHS Health Physics to determine the appropriate training required.

12.0 Compliance with this Policy

Failure to comply with this Policy will be evaluated on a case-by-case basis and could lead to corrective action, including but not limited to: audit, study suspension, study termination, reporting, sanctions, and employment termination, as consistent with other relevant regulations, WCM, and University Policies. Instances of non-compliance that potentially involve a lapse of professionalism may also lead to engagement of the Office of Professionalism for evaluation and intervention.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	23 of 28



13.0 Definitions

13.1.1 EPA Regulated Medications

Medications that the EPA has determined to be “acutely toxic” and their empty containers must be disposed of as hazardous waste via EHS. Examples of these materials found in clinics are below; A link to EPA regulated materials is included below in section 14.4.

- Arsenic Trioxide (trisenox)
- Physostigmine Salicylate (antilirium)
- Nitroglycerine
- Phenteramine
- Warfarin and Salts, >0.3% (Coumadin)
- Epinephrine (CAS: 51-43-4)
 - (excludes epinephrine hydrochloride and EpiPens with Epinephrine salts): (adrenalin; EpiPen; Eppy/N; Epifrin; Epinal; Anaphylaxis kit; Epinephrine inhalants, injectables, kits); Racepinephrine; Racord; Primatene aerosol inhaler
- Nicotine and Nicotine Salts (CAS:54-11-5)
 - Vapes; cigarettes; L-nicotine; Liquid Nicotine formulations >3%; recreational products containing nicotine)

NOTE: This does not include nicotine cessation products such as Nicotine patches, Nicotine lozenges, Habitrol; Nicoderm, Nicorette, Nicotrol. These cessation products may be disposed of via common trash.

13.1.2 Chemotherapeutic Sharps Wastes

Chemotherapeutic sharps wastes are items that are contaminated with a chemotherapeutic agent and can cut or have the potential to cut, puncture, scratch or abrade skin (e.g., needles, pipettes, razor blades, glass bottles, vials).

13.1.3 Chemotherapeutic Clinical Trial Samples

Chemotherapeutic clinical trial samples must be assumed to contain the chemotherapeutic agent being studied and disposed of as required by the Clinical Chemotherapeutic Waste Disposal Procedures.

13.1.4 EPA-Regulated Chemotherapeutic Agents

EPA-regulated chemotherapeutic agents are a group of chemotherapeutic agents that the EPA regulates to more stringent disposal requirements and which cannot be disposed of via Daniels. Please refer to Table 1 located in Section 9.3.0 for full table of chemo agents that are regulated by the EPA.

13.1.5 Clear Bag Waste/Trash

Clear bag wastes are regular trash materials such as standard refuse; uncontaminated gloves and gowns (i.e. those used in exams and with nonhazardous items); triple rinsed empty chemical containers (excluding empty acutely toxic chemical containers); empty containers from urine and fecal samples (excluding semen and other infectious body fluids); etc., which are destined for disposal in a landfill as untreated wastes.

NOTE: Fecal containers should be closed and separately bagged before placement in municipal waste to mitigate smell.

13.1.6 Clinical Drug and Chemical Wastes

Clinical drug and chemical wastes are chemicals or pharmaceutical drugs utilized in clinical areas, which are hazardous and require more stringent disposal via EHS. Unless identified as a non-hazardous chemical by EHS, chemicals, and pharmaceutical drugs are presumed to be hazardous and must be managed by Clinical Chemical Waste disposal procedure and disposed of via EHS. Chemotherapeutic drugs and DEA-controlled substances are not included, and separate disposal procedures are available in this manual.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	24 of 28



13.1.7 Human Blood and Blood Products

Human blood and blood products include:

- Free-flowing, liquid waste human blood, including components (e.g., serum and plasma);
- Discarded blood products;
- Items saturated and/or dripping with human blood (except feminine hygiene products); or
- Items that were saturated and/or dripping with human blood that are now caked with dried human blood, including serum, plasma, and other blood components and their containers, which were used or intended for use in either patient care, testing and laboratory analysis, or the development of pharmaceuticals. Intravenous bags are also included in this category.

13.1.8 Non-Hazardous Chemical Wastes

Non-hazardous chemical wastes are chemicals identified by EHS to be non-hazardous. These chemicals are acceptable for disposal via clear bag wastes, red bag wastes, sharps waste, or drain disposal; depending on the nature of the waste (e.g., syringes, needles, gloves, vials) and other potential contaminants (e.g., human blood, body fluids). For example, Saline solution, bicarbonate solution, and distilled water. Please refer to section 14.4 for a link to Non-Hazardous Chemical list.

13.1.9 Red Bag Wastes

Red bag wastes are non-sharps regulated medical wastes (e.g., blood-contaminated gloves, pads, gowns) collected into red bags, which are destined for disposal via autoclaving, then landfill without treatment or destruction of chemical wastes.

13.1.10 Sharps

A “sharp” item is something that can cut, puncture, abrade, or in any way penetrate a person's skin.

- Hypodermic, intravenous, or other medical needles;
- Hypodermic or intravenous syringes with/without a needle or other sharp attached
- Scalpel blades and disposable microtome blades, razor blades
- Pasteur pipettes and serological pipettes
- Blood vials
- Needles with attached tubing (“butterflies”)
- Culture dishes
- Broken and unbroken glass and plasticware, including microscope slides and cover slips, in contact with infectious agents.

Sharps shall not include those parts of syringes specifically designed to allow easy removal of a hypodermic, intravenous, or other medical needles, and are intended for recycling or other types of disposal; provided the needle has been removed, and such syringe has not been in contact with infectious agents.

13.1.11 Reverse Distribution

When suitable, unwanted pharmaceutical drugs that have **NOT** expired may be reverse distributed through the private distributor where they were purchased or the NYP Pharmacy, if received from there. Refer to the reverse distributor's guidelines for specific instructions and contact EHS for assistance as necessary.

13.1.12 Empty Containers and Vials

A container is considered “empty” if it contains less than or equal to 3 percent by weight of its total capacity (i.e., residual amounts). Containers may include bottles, vials, IV bags, etc.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	25 of 28



- **Empty acutely toxic chemical containers** must be managed as hazardous chemical waste and collected for disposal via EHS. Do not rinse containers that contain acutely toxic chemicals. Doing so with these acutely toxic chemical containers actually generates more hazardous waste as defined by the EPA.
- **Other empty chemical containers** are considered non-hazardous chemical wastes. Limited quantities of small vials may be discarded in sharps containers; otherwise, manage as “clear bag” wastes (i.e., regular trash). Glass containers must be placed in a cardboard box prior to clear bag disposal to prevent breakage. Containers that have come into contact with blood or other biological wastes must be managed as regulated medical wastes (i.e., intact plastic bottles, petri dishes) or sharps (i.e., glass containers).
- **Workforce Members:** Faculty; Non-Faculty Academics; Staff; Students; Volunteers; and other persons whose conduct, in the performance of work for WCM, is under the direction and control of WCM, whether or not they are paid by WCM.

14.0 References

14.1 FEDERAL

- National Institute of Occupation Safety and Health (NIOSH) 1979 Registry of Toxic Effects of Chemical Substances
- US Department of Transportation (USDOT) Pipeline and Hazardous Materials Administration; Battery Safety Compliance Advisory
- US Drug Enforcement Agency (USDEA) Title 21 CFR Part 1300-1308
- US Environmental Protection Agency (USEPA) - 40 CFR 262 Protection of Environment, Standards Applicable to Generators of Hazardous Waste.
- USEPA 40 CFR 401.15 – Toxic Pollutants
- USEPA, 10/7/2007, “Scope of Hazardous Waste Listing P042 (Epinephrine), Matt Hale, Office of Solid Waste, state
- NYS Department of Environmental Conservation (NYSDEC) 6 NYCRR Parts 360 – Solid Waste Management
- NYS Department of Environmental Conservation (NYSDEC) 6 NYCRR Parts 370 through 374 and 376 – Hazardous Waste Disposal
- NYSDEC 6 NYCRR Subpart 374-3: Standards for Universal Wastes
- NYSDEC 6 NYCRR 371.1(c)(7) – prior notification for scrap metal exemption
- NYS Department of Health (NYSDOH), Statutory Authority; Public Health Law, Sec 225, NYCRR Title 10, Part 80 – Rules and Regulations on Controlled Substances (http://www.health.ny.gov/regulations/controlled_substance/part/80/docs/80.pdf)
- NYSDOH Article 33 of the New York State Public Health Law (http://www.health.state.ny.us/professionals/narcotic/docs/article_33_controlled_substances_act.pdf)
- NYSDOH 10 NYCRR Part 70 – Regulated Medical Waste
- NYS Law ECL 27, Title 21: Mercury-Added Consumer Products Law
- NYC Department of Environmental Protection (NYCDEP) Chapter 19 – Use of the Public Sewers

14.2 LOCAL

- NYC Department of Environmental Protection (NYCDEP) Chapter 19 – Use of the Public Sewers

14.3 OTHER

- Armour, Margaret-Ann. Hazardous Laboratory Chemicals Disposal Guide, 3rd Edition. “Managing Pharmaceutical Hazardous Waste in the Hospital” by Environmental Health & Engineering.
- Susan M. Morgan, Erik A. Talley, Mohammed Z. Rahman and Keith E. Morgan; “Need for & Efficiency of Silver Recovery, or Silver Sampling Faux Pas & Fundamental Conclusions” presented at the 16th College and University Hazardous Waste Conference on July 20, 1998, in New Orleans, LA.

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	26 of 28



- Network News, Volume 8 No. 2, September 1994. Network News is a tri-annual publication of the ACS Department of Government Relations and Science Policy's Office of Legislative and Regulatory Programs.
- Daniels ® - "Managing Antineoplastic (Chemotherapy) Waste in New York State", May 2004

14.4 EHS WEB RESOURCES

- Acutely Toxic Chemicals List – EPA Regulated Waste Codes
http://ehs.weill.cornell.edu/sites/default/files/acute_waste_codes.pdf
- Salute Safety Systems – Chemical & Sharps Waste Collections
https://ehs.salutesafety.com/users/sign_in
- EHS Safety Trainings
<http://ehs.weill.cornell.edu/training>
- RMW Shipper Trainings
<https://ehs.weill.cornell.edu/training/regulated-medical-waste>
- Non-Hazardous Chemical List
<http://ehs.weill.cornell.edu/sites/default/files/nonhazchemical.pdf>
- Radiation Waste Disposal Request Form
<https://ehs.weill.cornell.edu/sites/default/files/raddisposalform.pdf>

15.0 Record Retention, Availability, and Revisions

15.1 RECORD RETENTION

15.1.1 EHS Training Records

EHS maintains training records for EHS safety training programs and sessions provided. Training records are maintained for the duration of employment.

15.1.2 Medical Waste Tracking Forms

The Shipper is responsible for maintaining and retaining Medical Waste Tracking Forms on-site for a minimum of three (3) years from the date of the shipment and shall be available for inspection and copying by the Department.

15.2 POLICY REVISIONS

This policy will be reviewed and updated as needed to reflect changing regulations and circumstances. The most current copy of this Procedure is available on the EHS website, or by contacting EHS if internet access is not available.

15.3 POLICY/PROGRAM APPROVAL

This policy was reviewed and approved by the WCM-Executive Policy Review Group on February 24, 2026.

16.0 Version History

Date	Author	Revisions
01/30/2026	Environmental Health and Safety	Reviewed.
02/24/2026	Environmental Health and Safety	The EHS Waste Disposal Procedures was divided into two separate policies to improve clarity and usability. Policy was revised to align with standardized policy section requirements and reissued under the new policy number EHS-135.03 (formerly Policy 5.2).

VERSION DATE:	CLASSIFICATION & LOCATION:	PAGE:
February 24, 2026	Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	27 of 28



APPENDIX A – Chemical Waste Satellite Accumulation Area Poster Sample

Contact EHS for a full-size copy of the Chemical Waste Satellite Accumulation Area Poster.

Chemical Waste Satellite Accumulation Area

Waste Storage & Removal

- 1. Containerize**
 - Store all waste in a sealed compatible container. Keep containers closed at all times, except when adding waste. *Use vented caps when needed.*
 - Use secondary containment to prevent spills and to segregate incompatible waste streams.
 - Maintain waste in the Chemical Waste Satellite Accumulation Area until collection.
- 2. Label**
 - Use the hazardous waste labels provided by EHS to mark all containers. *Do not date the containers.*
 - Indicate all hazard characteristics and write all chemical constituents and approximate percentages. *Do not use abbreviations.*
- 3. Contact EHS**
 - Once the containers are full, request pickup by completing a Chemical Collection Request Form: Visit <https://ehs.weill.cornell.edu/chemicalcollection> or scan the QR Code.



Example of chemical waste properly containerized and labeled.



Hazardous waste label.

Scan code for Chemical Collection Request Form



For more information, please refer to EHS Program Manual 5.2 - Waste Disposal Procedures

Laboratory Staff: Post at or near the point of waste generation- 40 CFR 262.15



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VERSION DATE: February 24, 2026	CLASSIFICATION & LOCATION: Hazardous Waste T:\Documentation\EHS-Manual\5.3WasteDisposalProceduresClinics.docx	PAGE: 28 of 28
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