

Fakulti Kejuruteraan & Teknologi Mekanikal Universiti Malaysia Perlis

FIFTH SCHEDULE

(Regulation 11)

ENVIRONMENTAL QUALITY (SCHEDULE WASTES) REGULATIONS 2005

INVENTORY OF SCHEDULE WASTES AT UNIVERSITI MALAYSIA PERLIS Disember

| **Date | *Waste Category Code | *Name of Waste | *Quantity Generated (Kgs) | Waste Handling | | |
|------------|-------------------------|--|------------------------------|---------------------|----------------------------|--|
| | | | | Method ^b | Quantity in Store (Kgs) | Place ^c |
| 20/10/2023 | SW 110 | Waste from electrical and electronic assemblies containing components such as accumulators, mercury-switches, glass from cathode-ray tubes and other | 0 | STOR | 0 | Fakulti Kejuruteraan & Teknologi Mekanikal |
| | SW 109 | Waste containing mercury or its compound or fluorescent light | 0 | STOR | 0 | |
| | SW 301 | Spent organic acids with pH less or equal to 2 which are corrosive or hazardous | 0 | STOR | 0 | |
| | SW 305 | Spent lubricating oil | 0 | STOR | 0 | |
| | SW 307 | Spent mineral oil-water emulsion | 0 | STOR | 0 | |
| | SW 403 | Discarded drugs containing psychotropic substances or containing substances that are toxic, harmful, carcinogenic, mutagenic or teratogenic | 0 | STOR | 0 | |
| | SW 404 | Pathogenic waste, clinical wastes or quarantined materials | 0 | STOR | 0 | |
| | SW 409 | Disposed containers, bags or equipment contaminated with chemical, pesticides, mineral oil or scheduled wastes | 0 | STOR | 0 | |
| | SW 410 | Rags, plastics, papers or filters contaminated with scheduled wastes | 0 | STOR | 0 | |
| | SW 421 | A mixture of schedule wastes | 0 | STOR | 0 | |
| | SW429 | Chemicals that are discarded (expired chemical) or off- specification | 0 | STOR | 0 | |
| | SW430 | Obsolete laboratory chemicals. | 0 | STOR | 0 | |

Note:

- * Inventory of the current generation of scheduled wastes
- ^a Date when the scheduled waste are first generated
- ^b Stored, processed, recovered for materials or product from such scheduled wastes, incinerated, exchanged or other methods (specify)
- ^c Give name address of the facility

I hereby declare that all information given in this form is to the best of my knowledge and belief true and correct in all respects.

| Name of reporting Officer: Ts. Liyana Jamaludin |
|---|
| Designation: PLV |
| Liyana Jamahudin Teaching Engineer Signatules Chickenhaical Engineering Technologiate: 26/12/2023 |
| Phone Name of Residence Technology (Parech) |
| Email: liyanajamalum @thimesedd.my |
| |