Environmental Health & Safety HAZARDOUS WASTE PICK-UP/DISPOSAL REQUEST



Instructions: Please be as complete as possible; include a contact name and phone. Information may be found on labels or on Material Safety Data Sheets (MSDS) for the materials. Please list the constituents of mixtures, with concentrations, if known. Please do not transport materials to Environmental Safety without prior approval. When complete, fold this form in half, staple, and place in the campus mail; it is preaddressed.

Note: Materials must be in closed and leak-tight containers before they can be transported from your area.

If you have any questions, contact the Environmental Safety Office at extension 6-6661 or 6-6662.

Requester Name Phone:		e: Dept.: Date:			
		Date:			
Loca	tion of Wa	aste (building & room):			
LN	ES Num	NAME OR DESCRIPTION OF THE WASTE (Major ingredients and approx. percents, if known)	HOW MANY	CONTAINER SIZE (Qt, gal, 5gal, 55gal, lb, 50lb 100g, kg, etc.)	
1					
2					
3					
4					
5					
6					
7					
8					
QUES	STIONS? -	CALL THE ENVIRONMENTAL SAFETY OFFICE AT EX	TENSION	6- 6661 or 6-6662.	
		Environmental Safety Use Only			