Temple University

HAZARDOUS/CHEMICAL WASTE REMOVAL REQUEST FORM

DEPARTMENT:_____ **P.I./SUPERVISOR:** _____

PICKUP REQUEST DATE:_____ **CONTACT:**_____

BUILDING:_____ **CONTACT TELEPHONE:**_____

ROOM/LAB LOCATION:_____

COMMENTS:_____

CHEMICAL NAME(No abbreviations or chemical formulae)*	# OF CONTAINERS	QUANTITY (mL, L, G, kg, etc.)	CONTAINER		FORM(Liquid, solid, gas,etc.)
			SIZE (L,kg, etc.)	TYPE (Bottle, Cylinder, etc.)	

*** For mixtures, use one line for each constituent and its percentage; use brackets to combine mixtures**
*** For solutions, include the percent(ex., nitric acid 40%)**

Do you need replacement containers? **Yes/No (circle one)**
If yes, How many? _____

(fax to 2-1600)

EHS OFFICE USE ONLY

Comments:_____

Date Received:_____

Date Picked Up:_____

(rev 03/30/00)