

Request for Disposal of Individual Containers of Hazardous Waste

Originator	Department	Date
Building	Room #	Phone #
Identification of Waste Use Chemical or Generic Name – Do Not Abbreviate or Use Chemical Formula		
Chemical Components (% of each)	Total Quantity in Container	Size & Type of Container
HAZARDS Check all hazards that apply.		
<input type="checkbox"/> Explosive <input type="checkbox"/> Poisonous Gas or Liquid <input type="checkbox"/> Ignitable Liquid Est. Flash Point _____ C <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Flammable Solid <input type="checkbox"/> Corrosive – Est. pH _____	<input type="checkbox"/> Oxidizer <input type="checkbox"/> Reactive <input type="checkbox"/> Irritant – Intensive Lachymator <input type="checkbox"/> Irritant – Skin Irritant / Sensitizer <input type="checkbox"/> Other Hazards (describe below)	
For Office Use: WEIGHT _____		

**This material is properly described, has descriptive labels,
and is in a proper container for handling.**