

Bulk Chemical Waste Pickup Form

Originator _____	Department _____	Date _____
Building _____	Room # _____	Phone # _____

Waste (list number of each type of waste containers)

Chlorinated _____ Non Chlorinated _____ Formaldehyde / Formalin _____
 Formic Acid _____ Bouins _____ Tissue Dry _____
 Cytochalasin B _____ Ethanol / Isopropyl _____

Other – bulk waste must have name and amount or % of individual constituents listed:

Container

Size of Container _____

Amount in Container _____

Total Number of Containers _____

Type of Container: _____ Returnable _____ Non Returnable

_____ Glass _____ Metal _____ Plastic _____ Other:

For Safety Office Use:

Weight: _____ Remarks: _____