**REQUEST FOR HAZARDOUS WASTE DISPOSAL**

To initiate disposal, please complete the following and forward to Campus Public Safety.

Date of Request Date of Pickup \_ Date of Disposal

Department Building Room #

Waste Disposal Contact Person Telephone

Account # to Charge Contact Phone

**WASTE DISPOSAL**

**SOLIDS**

 **Container Size Number of Containers**

 Five (5) pounds or more

 Three (3) pounds

 One (1) pound

 Less than one pound

 Other

 Total

**LIQUID**

 **Container Size Number of Containers**

 Five (5) gallons or more

 Three (3) gallons or more

 One (1) gallon or less

 Other

 Total

Released by Released to

 \_\_\_\_\_\_

(Department Representative) Date (Occupational/Environmental Safety) Date

Released by Released to

 \_\_\_\_\_\_

(Occupational/Environmental Safety) Date (Waste Disposal Vendor) Date