**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