



CHEMICAL WASTE PICKUP REQUEST

Department _____ Date _____
Building Name _____ Room _____
Principal Investigator _____ Phone _____
Lab Contact _____ Best Time _____

Budgetary Unit (Check One):
[] JHMHC [] IFAS [] ENGRG [] CLAS [] AUXILIARY/OTHER [] PPD

Important: LIST ALL CHEMICAL CONSTITUENTS AND % OF CONSTITUENTS ON WASTE CONTAINERS.

Table with 3 columns: CHEMICAL NAME (Full name, do not abbreviate), NUMBER OF CONTAINERS, TOTAL WEIGHT OR VOLUME

[] ADDITIONAL CHEMICALS? Please check the box and provide a complete list of chemicals at time of pickup.

Mail completed form to:
Waste Management Facility, Bldg. 831
PO Box 112725
Phone: (352) 392-8400

This information is complete and all chemical components of this waste have been accurately listed on the respective containers.

Signature of Principal Investigator or Designee
(AT time of pick-up)

Waste pickup requests may also be submitted via the web at http://www.ehs.ufl.edu/HMM

EH&S USE ONLY

Table with 4 columns for tracking waste types: LABPACK (cf), BULK LIQUID (gl) (<5gl), BULK LIQUID (gl) (5-29gl), BULK LIQUID (gl) (>30 gl), MERCURY (cf), NEUTRALIZED (gl), OTHER, Date Collected, Collected By.

Additional Information: