



# 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.

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.

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