

UMBC ENVIRONMENTAL SAFETY & HEALTH **CHEMICAL WASTE REMOVAL REQUEST FORM**

Generator: _____ Department: _____

Contact Person: _____ Phone: _____

Location of Waste (Room#, Bldg.) _____

Department Principle Investigator: _____ Date: _____

CHEMICAL NAME and PERCENT Of each constituent Do Not Use Abbreviations or Formulas	PHYSICAL FORM Of the waste S=Solid; L=Liquid G=Gas; O=Other	QUANTITY g; kg; mL; etc. I.E. -2x25g	PH Of liquids 0.0-14.0

Comments: _____

Declaration: I hereby certify that the above information is accurate to the best of my knowledge and ability to determine that no deliberate or willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed and all infectious organisms/agents have been rendered nonviable.

Signature

Date

Printed Name

Title

ESH use only	Date Received	Date Picked-up	By
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