

<u>EHS use only</u> date picked up: _____ picked up by: _____	University of New England REQUEST FOR HAZARDOUS, BIO-HAZARDOUS and RADIOACTIVE WASTE REMOVAL	University of New England Environmental Health & Safety Facilities Management Building - BC x2791 Fax: 602-5911 (EMAIL: pnagle@une.edu)
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Date: _____ Dept.: Chem _____ Responsible Faculty/Staff Person: _____	Contact Person: _____ Phone: _____ Bldg. & Room #: _____ _____	Location of Waste: _____ Bldg. & Room #: _____ Campus: _____
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EHS USE ONLY	IDENTIFICATION/DESCRIPTION of HAZ WASTE (Do not submit unknowns)	PHYS. STATE	NUMBER, SIZE & TYPE OF CONTAINER	VOLUME or WEIGHT in CONTAINER	pH	HAZARDS
	# _____					
	# _____					
	# _____					
	# _____					
	# _____					

Special Notes or Handling Instructions:

Certification: "I hereby declare that the identification/description of hazardous waste(s) is accurate and complete to the best of my knowledge. If waste has already been neutralized, detoxified, or recycled, it has been noted as such above."

SAA Responsible Party Signature: _____ Date: _____ (Only one certification is needed per request.)

¹ I:\Campus Services\ENVS\Environmental Health & Safety\Hazardous Waste pick-up request form