

CHEMICAL WASTE DROP-OFF REQUEST FORM

CAMPUS _____

Page ____ of ____

- List all hazardous waste containers to be disposed on this form.
- Write in the number and size (e.g., liter, gallon, etc.) of each unique chemical waste container.
- Write in the appropriate hazard class for each waste (refer to hazard classifications at the bottom of this page).
- List the name, CAS # (optional), and amount (e.g., gram, ml, etc.) of each component including water.
- Forward a copy of the completed form to the campus Waste Manager one week before the container is full, to request a drop-off appointment.
- When the container(s) is full, write in the final percent (%) of each component on this form and on the container label.
- Write in the current date on each container label.
- After confirming a drop-off appointment, transport wastes and the completed CWDR form to the Central Waste Accumulation Area.
- Use a wheeled cart with raised sides and bring a chemical spill kit.
- **Do Not transport shock sensitive or explosive waste; contact EOHSS for assistance.**
- **Improperly labeled containers or containers in poor condition will not be accepted.**

Generator Name: _____ Department: _____

Generator Signature: _____ Building: _____

Phone Number: _____ Room Number: _____

Drop-off Request Date: _____ Inventory Control #: _____
 Phone EOHSS to get an inventory control number.

No. of Containers	Container Size	Hazard Class	Chemical Name for each ingredient (including water)	% by Volume

Hazard Class:	Ignitable	Corrosive	Toxic	Oxidizer	Reactive	Unknown	Solid
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Received by: _____ Storage Location: _____ Storage Date: _____

