



**CHEMICAL WASTE REMOVAL FORM**

Page \_\_\_ of \_\_\_

Date:

**Generator: (please print legibly)**

**Building/Room:**

**Telephone:**

**Department:**

**Email:**

**WASTE CONTENTS**

<b>Waste Name</b> Please label all containers with a completed UNCG waste label	<b>Quantity</b>	<b>Building Name/Room #</b>	<b>EHS Use Only (pickup date)</b>
<i>(ex) Container 1 – Acetonitrile 90%, Water 10%</i>	<i>4 liters</i>	<i>Sullivan Rm 428</i>	

**\*By signing below, you certify that all Hazardous Waste containers are properly labeled with a completed Hazardous Waste Label as required by Section 0060 of the UNCG Safety and Health Policy and Procedure Manual and the United States Environmental Protection Agency.**

I hereby declare that the contents listed on this page are fully and accurately described by name, composition and quality, and that I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Received EHS: \_\_\_\_\_ Date: \_\_\_\_\_

Please Refer to Section 0060 of the UNCG Safety and Health Policy and Procedure Manual for assistance in completing this form or contact the EHS Dept at 334-4357. Please mail completed form to EHS or fax to 334-4206.