## CheMical Waste Removal Form

**Generator:** (please print legibly)  
**Building/Room:**  
**Telephone:**  
**Email:**  
**Department:**

### Waste Contents

<table>
<thead>
<tr>
<th>Waste Name</th>
<th>Quantity</th>
<th>Building Name/Room #</th>
</tr>
</thead>
<tbody>
<tr>
<td>(ex) Container 1 – Acetonitrile 90%, Water 10%</td>
<td>4 liters</td>
<td>Sullivan Rm 428</td>
</tr>
</tbody>
</table>

*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: __________________________________________ Signature __________________________ 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.