# CHEMICAL WASTE REMOVAL FORM

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

## WASTE CONTENTS

<table>
<thead>
<tr>
<th>Waste Name</th>
<th>Quantity</th>
<th>Building Name/Room #</th>
<th>EHS Use Only (pickup date)</th>
</tr>
</thead>
</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 UNCG Hazardous Waste Policy for assistance in completing this form or contact the EHS Dept at 334-4357.  
Please mail completed form to EH&S Dept., e-mail to daniel_todd@uncg.edu, or fax to 334-4206.

Form EHS-50  Appendix H