

# REQUEST FOR HAZARDOUS WASTE PICKUP

**Please Note:** This form must be filled out COMPLETELY and approved by Campus Environmental Safety & Health before any pick-ups or campus storage takes place.

Person requesting: \_\_\_\_\_ Date: \_\_\_\_\_

Department generating the waste: \_\_\_\_\_

Waste Determination Documentation: Yes \_\_\_\_\_ No \_\_\_\_\_

Material type, not trade name: \_\_\_\_\_

Quantity (size containers [2 liter, 4 liter, etc.]):  
\_\_\_\_\_

Location (campus): \_\_\_\_\_ Building: \_\_\_\_\_

Transportation required? \_\_\_\_\_

**SEND TO** Campus Environmental Safety & Health, 19 College Avenue, 2<sup>nd</sup> Floor, Gorham Campus for approval. All information requested must be complete before pickup.

To be filled out by Campus Environmental Safety & Health:

Received on (date): \_\_\_\_\_

NOT APPROVED	APPROVED
<p>Reason:</p> <ul style="list-style-type: none"><li>___ Not labeled properly</li><li>___ Inappropriate container</li><li>___ Not sealed properly</li><li>___ Request information not complete</li></ul>	<p>Evaluator Name: _____</p> <p>Scheduled pick-up date: _____</p> <p>Storage destination: _____</p>