



Environmental Health and Safety

REQUEST FOR DISPOSAL OF HAZARDOUS WASTE

MATERIAL FOR DISPOSAL	DESCRIPTION	NO. OF CONTAINERS	TOTAL QUANTITY	UNIT OF MEASURE	LOCATION (BUILDING)	ROOM

ADDITIONAL INFORMATION

Name: _____ Phone #: _____

Department: _____ Date: _____

Return Completed Form to the Environmental Health and Safety Office: Fax to: 704-687-5302