

Location of Pick up

Building: _____ Room: _____ Date: _____

Requester's Name: _____ Email: _____

Work Phone: _____ Mobile Phone: _____

Waste Description

Cont #	Contents	%	Total Container Wt / Vol	Units	Physical State	Primary Hazard	Secondary Hazard

Do not use this form for biological waste or sharps.

The materials listed above are accurately described, packaged and labeled according to the Procedures for Disposal of Hazardous Waste.

Signature: _____ Date: _____

(Must be A&M-SA employee, e.g. faculty, staff, TA or RA)

SUBMIT

CLEAR THIS FORM