



### CHEMICAL WASTE REMOVAL FORM

Date:

Generator: (please print legibly)

Building/Room:

Telephone:

Department:

Email:

### WASTE CONTENTS

<b>Waste Name</b> Please label all containers with a completed UNCG waste label <i>(ex.) Container 1 – Acetonitrile 90%, Water 10%</i>	<b>Quantity</b>	<b>Building Name/Room #</b>	<b>EHS Use Only (pickup date)</b>

**\*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: \_\_\_\_\_ 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.