	Environmental Health and Safety			
1212	UNIVERSITY of WASHINGTON			

## **Chemical Waste Collection Request**

http://www.ehs.washington.edu/forms/epo/1470.pdf

Incoming CRF Tracking No.	Collection Date	
J		
	Collector's	Zone

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Department	Building	Room No.	Box No.	Subr	nittal Date	
Contact Name (First)	(Last)	Telephone No.	email@u.washington.edu	PI or	Supervisor's Name	

Instructions: List all chemical components (including solvents) and their percentages (must total to 100%). Use full chemical names. Type or Print legibly in ink.						
Chemical Constituent / Name: Use as many lines as you need. Skip a line between entries.	Percent Must = 100%	No. of Conts & Type	Total Vol	For Environmental Health	and Safety Use Only	Storage Location
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SUBMITTAL OF THIS FORM CERTIFIES THAT MATERIALS REFERENCED ARE ACCURATELY DESCRIBED AND ARE PACKAGED AND LABELED IN ACCORDANCE WITH THE UW HAZARDOUS WASTE MANAGEMENT GUIDE

Email to chmwaste@u.washington.edu or Fax to 206-685-2915 or mail to Box 354410 (submit only once). Standard collection time is 2 to 4 weeks. For questions call 206-616-5835

**Chemical Collection Request** Contact Name (First) Telephone No. email@u.washington.edu Page \_ of \_\_\_\_ Instructions: List all chemical components (including solvents) and their percentages (must total to 100%). Use full chemical names. Type or Print legibly in ink. **Chemical Constituent / Name:** Percent No. of Storage Total For Environmental Health and Safety Use Only Use as many lines as you need. Must = Conts Vol Location **SKIP** a line between entries. 100% & Type