

HAZARDOUS WASTE PICK UP REQUEST

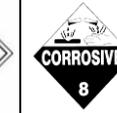
Environmental Health and Farm/Lab Safety Director, AAES Christine Bryant, 479-575-4607

Your name, generator's name, date, department, building, room number, SAA number, lab phone number and a cell number (that will be answered) are required on this form. Each container must be labeled with a completed label from the AAES Environmental Health and Farm/Lab Safety Director. List each container **separately** in the first column (required by DOT Regulation). List all constituents and corresponding **percentage** (your best guess is okay) to waste container, "Physical State," "Hazardous Waste Characteristics" from the top row of the table, "Type & Size of Container," and "Amount of Waste" in the container. Complete this form & email it to cb130@uark.edu.

NAME:	DATE:	BUILDING:	SAA (Satellite Accumulation Area) NUMBER:	LAB PHONE NUMBER:
GENERATOR'S (PI's) NAME:	DEPARTMENT:	ROOM:		CELL PHONE NUMBER:

Hazardous Waste Characteristics:

Select the hazardous waste characteristic number from the row below. If multiple hazardous are appropriate type all numbers that apply in the "Hazardous Waste Characteristics" column below.

1 	2 	3 	4 Self Heating	5 	6 	7 	8 	9 Shock Sensitive
Container Number	Chemical/Material Name (No Abbreviations or Chemical symbols) For Sharps List Sharps Container			Physical State	Hazardous Waste Characteristics	Type & Size of Container	Amount of Waste	

EHS USE ONLY

PICKED UP BY: _____

DATE: _____