REQUEST FOR DISPOSAL OF HAZARDOUS WASTE

(Please send requests to EH&S via email ehsdept@odu.edu, campus mail or fax 683-6025)

Contact (print name)	**Department**	**Date**
Building:	**Room #:**	**Phone #:**

IDENTIFICATION OF WASTE			
EH&S USE ONLY	**Contents:** *Use full chemical / product names(s) - If mixed waste, list all components - Do not use abbreviations or formulas.*	**Amount in container** (i.e. 10 ml, 5g)	**Container Size** (i.e. 500 ml)

Declaration: The materials listed are accurately described above and are packaged and labeled using the HazWaste labels, according to the Procedures for Disposal of Hazardous Waste on the EH&S Website.

Contact signature and date:

EHSO personnel signature and date: