



## HAZARDOUS WASTE PICKUP REQUEST FORM

This form shall be used to request the pickup of hazardous waste. E-mail this form to [jay.skarda@du.edu](mailto:jay.skarda@du.edu), or call 1-4044 for pick-up.

Person making the request \_\_\_\_\_ Principle Investigator \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Dept: \_\_\_\_\_

Bldg: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

Containers must be listed below. Each container must be labeled with a “hazardous waste label”. The label must be legible, and include full chemical names – no chemical formulas/abbreviations. The “Accumulation Start Date” is the date that the container ***became full***, (after which we have 3 days to remove it). Containers must be securely capped. Leaking containers will not be accepted. The list of contents for all containers should be attached to the request form.

### Containers for Removal

<u>Container size(s) &amp; how many</u>	<u>Chemical Name(s) and % of Contents</u>

### Comments

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