W	ENVIRONMENTAL HEALTH & SAFETY UNIVERSITY of WASHINGTON
	UNIVERSITY of WASHINGTON

Chemical Waste Collection Request

Incoming CRF Tracking No.

Collection Date

Collector's Zone

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

	ww.ens.wa			Initials					
Department	Building where v	Building where waste is located (Last) UW Telephone No.			where waste is located	Box No.		Submittal Date	-
Contact Name (First)	(Last)				UWNet Id	email@uw.edu	email@uw.edu		PI or Supervisor's Name
Instructions: List all chemical co	omponents (incl	uding so	lvents) ar	nd their per	rcentages (must total	to 100%). Use full chemica	<u>l names</u> . Type or Pr	int legibly in ink.	
Chemical Constituent / Name: Use as many lines as you need. Start entries at a new block.	Must =	t No. of Conts & Type	TOTAL	Fo	or Environme	ental Health and	d Safety Us	e Only	Storage Location
							_		
		_							
							L		
		_							
		_							

SUBMITTAL OF THIS FORM CERTIFIES THAT MATERIALS REFERENCED ARE ACCURATELY DESCRIBED AND ARE PACKAGED AND LABELED IN ACCORDANCE WITH DIRECTIONS ON THE EHS WEBPAGE.

Email to chmwaste@uw.edu or **Fax** to 206-685-2915 **or mail** to Box 354110 (**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. Percent No. of **Chemical Constituent / Name:** Storage Total For Environmental Health and Safety Use Only Use as many lines as you need. Must = Conts Vol Location Start entries at a new block. 100% & Type