

**FILL IN ONLINE THEN PRINT AND  
FAX: 206 685 2915 OR  
EMAIL: CHMWASTE@UW.EDU  
OTHERWISE MAIL TO: BOX 354110**

## Request New Chemical Waste Routine

Department	Building where waste is located	Room where waste is located	Supervisor or PI
Contact Name	Contact Phone	Contact Email	Contact Box Number

### WASTE COMPOSITION

List all components of waste. For solutions and mixtures, include solvent(s) and percentage of all components. **Percents must total 100%.** Please list full chemical names.

CHEMICAL	PERCENTAGE
1.	%
2.	%
3.	%
4.	%
5.	%
6.	%
7.	%
8.	%
9.	%
10.	%
11.	%
12.	%

### PACKAGING INFORMATION

Container Type:				
Safety Can	Other Reusable	Glass Bottle	Plastic Bottle	Other (specify)
Size _____	Size _____	Size _____	Size _____	Size _____

### CERTIFICATION

I certify that the information provided is accurate and complete and that the materials referenced will be correctly packaged and labeled according to the University of Washington Laboratory Safety Manual. I will inform Environmental Health and Safety of any change in the above information.

Signature	Date
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*Once you have a Waste Routine Number you can fill out the online form to request collection of your waste at [www.ehs.washington.edu/secure/routine-chemical-waste-collection-request](http://www.ehs.washington.edu/secure/routine-chemical-waste-collection-request)*

### ENVIRONMENTAL HEALTH AND SAFETY USE ONLY

Proper Shipping Name			Oxidizer: (Circle one) +                      -	
Disposal Option 1-1a-1b-1c				
Disposal Option 2			PH:	Other:
RQ:	DOT Hazard Class	Packing Group	Circle one: Corrosive Non-Haz Ignitable Reactive Toxic Oxidizer	
UN Number				
Waste Codes:				
Schedule (Circle one) Weekly      Bi-Weekly      Monthly      Bi-Monthly      On-Call			Zone:	Technologist Initials: