**HAZARDOUS WASTE PICKUP REQUEST FORM**

**Instructions:** Fill out form completely; otherwise pickups will not be made. If handwritten, print legibly. Generators are responsible for ensuring that all waste is properly containerized and labeled prior to pick up. Return to EHS via mail, email, or fax and allow 5 business days for pickup. Contact EHS regarding emergencies or if you have any questions @ 438-8325.

**Generator Information:**

|  |  |
| --- | --- |
| Generator Name Click here to enter text. Department Click here to enter text.Building/Room # Click here to enter text. | Phone/Email Click here to enter text.Waste Location Click here to enter text.Date of Request Click here to enter a date. |
| **EHS Use Only: Date of Pick-up =**  |

*\*\* Click tab to add rows to the table\*\**

| **EHS Use Only** | **Hazardous Waste Information** |
| --- | --- |
| **Waste #** | **Hazard(s)** | **pH** | **Weight (kg)** | **Cabinet #** | **# of Containers** | **Size of Containers** | **Waste Description:** Indicate inrelative order the percent of concentration for each substance. If less than 1%, put "trace". Use full chemical names; NO CHEMICAL FORMULAS. For radioactive wastes, include isotopes and activities (uCi). Estimates should be on the side of higher activity. Place radioactive wastes on separate forms. |
|  |  |  |  |  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

[ ]  By checking this box, I am confirming that the aforementioned hazardous waste is accurately described, properly containerized and labeled, and in suitable condition to be handled and transported.

To submit the completed form via email:

1. Save the completed form
2. Attach the completed form to an email addressed to sysenvironmental@ilstu.edu