

CHEMICAL WASTE REMOVAL REQUEST FORM

Environmental Health and Safety Hazardous Waste Management
2400 Wahnish Way, Suite 100
Florida A & M University
Tallahassee, FL32307

INSTRUCTIONS:

Use this form to request the removal of properly identified Chemical Waste.
Send completed form to:

EHS
2400 Wahnish Way, Suite 100
Tallahassee, FL32307
Email the form directly to ryan.mitchell@famuedu

A copy of the Material Safety data Sheet (MSDS) must also be available upon request by EHS for any chemical type used. Any “UNKNOWN” waste will only be removed at the discretion of the Senior Environmental Specialist or with the express permission of the Director of EHS. All containers must be closed and/or sealed, properly labeled and ready for transportation. **DO NOT** include radioactive, infectious or other biomedical wastes on this form. If uncertain of the proper disposal procedure, contact **FAMU-EHS** at **599-3442**

NOTE: After we have received the form it will take 1 to 3 days for the waste to be picked up.

INSTRUCTIONS FOR COMPLETING THE WASTE REMOVAL FORM:

1. All containers must be properly labeled with chemical names and in the case of solutions, percentages of the waste in that container. **DO NOT USE abbreviations, chemical formulas or trade names.** If using a container that once contained a different material be sure to clearly mark out the old label and re-label the container with the new contents. Containers should also be labeled with the name of the Principal Investigator, the building and room from which the waste was removed and a phone number.
2. All chemical waste must be in a sealed container, to prevent the release of material (gases/vapors/liquids or solids) under normal handling conditions.
3. Fill out the “Chemical Waste Removal Request Form” (**print all information**).
 - a) Chemical Name and Percent: Spell out the proper chemical name for EACH constituent. For solutions and mixtures use a separate line for each constituent and list the percent of each constituent in the mixture or solution.
 - b) Physical Form: Give the physical form of the mixture (**solid, liquid, gas or other**). Please explain “OTHER” in the comments section.
 - c) Quantity: Provide the total quantity of the chemical/mixture/solution. Use appropriate units of measurement (**i.e. g for grams, kg for kilograms, ml for milliliters, L for liters, etc**)
 - d) pH: provide the pH of ALL liquids.
 - e) **Hazard Classification: Please indicate to the best of your knowledge the hazard characteristics of the waste(i.e. explosive, flammable, oxidizer, corrosive, poison etc)**
4. Please indicate if replacement containers for waste storage are required. If so, how many?
5. Use the comment section for any additional information (e.g. location of waste in room etc)

CHEMICAL WASTE REMOVAL REQUEST FORM

Generator:	Date:
Location of Waste (Room/Building):	Contact Person:
Department:	Department Safety Officer:
Phone:	Email:

Item #	CHEMICAL NAME & PERCENTAGE <small>Identify each substance and the percentage amount of each constituent. <u>Do NOT</u> use abbreviations or formulas.</small>	Physical Form of Waste <small>Solid; Liquid; Gas; Other (Explain)</small>	Quantity <small>Gal; kg; ml; L etc</small>	pH of Liquids <small>0.0-14.0</small>	Hazard Classification <small>Explosive; Flammable; Oxidizer; Corrosive; Poison etc</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

PLEASE INDICATE IF REPLACEMENT CONTAINERS ARE REQUIRED YES NO HOW MANY?

Comments:

Declaration: I hereby certify that the above information is accurate to the best of my knowledge and ability. I have determined that no willful omissions of composition or properties exist and that all known or suspected hazards have been disclosed or all infectious organisms/agents have been rendered non-viable.

Signature

Date

EH&S USE ONLY:	Date received:	Date Picked-Up:	By:
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