**Salisbury University Environmental Safety**

**Hazardous Chemical Waste Pick-up Request**

**Department:**

**Location of Waste:**

**Date of Request:**

**Supervisor of Area:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Waste Identity** | **Number of Containers** | **Container Volume** | **Solid, Liquid, Gas, or Solution** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |
| **10** |  |  |  |  |