# REQUEST FOR DISPOSAL OF HAZARDOUS WASTE

**(Please send requests to EH&S via email ehsdept@odu.edu, campus mail or fax 683-6025)**

| **Contact (print name)** | **Department** | **Date** |
|---|---|---|
| **Building:** | **Room #:** | **Phone #:** |

| **IDENTIFICATION OF WASTE** | | | |
|---|---|---|---|
| ***EH&S USE ONLY*** | **Contents:** *Use full chemical / product names(s) - If mixed waste, list all components -* ***NO abbreviations or formulas.*** | **Amount in container** (i.e. 10 ml, 5g) | **Container Size** (i.e. 500 ml) |
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**Declaration**: The materials listed are accurately described above and are packaged and labeled according to the Procedures for Disposal of Hazardous Waste on the EH&S Website.

**Contact and date:**
**(Type/Print Name)**

**EHSO personnel signature and date:**