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 #:	hone #:	
		IDENTIFICATION OF WAS	re		
USE ONLY If mixed was		contents: cal / product names(s) - e, list all components - breviations or formulas.	Amount i containe (i.e. 10 ml, 5	r Size	
		accurately described above and cedures for Disposal of Hazard			
	Contact signature and date: EHSO personnel signature and date:				