



## HAZARDOUS WASTE PICK UP REQUEST







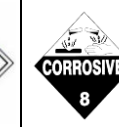
Chemical Hygiene Officer: Rick Williams (479) 575-5448, [enhs@uark.edu](mailto:enhs@uark.edu)

Each container must be labeled with a completed EHS provided label. You must provide your name, generator's name, date, department, building, room number, SAA number, lab phone number and a cell number are required on this form. List each container as a separate item number in the first column (required by Department of Transportation Regulation). Actual contents, percentage (if applicable), Physical State, Hazardous Waste Characteristics, Type of Container, and amount of Waste. Please, Complete this form and email to [enhs@uark.edu](mailto:enhs@uark.edu)

NAME:	DATE:	BUILDING:	SAA (Satellite Accumulation Area) NUMBER:	LAB PHONE NUMBER:
GENERATOR'S ( PI's ) NAME:	DEPARTMENT:	ROOM:		CELL PHONE NUMBER:

### Hazardous Waste Characteristics:

Select the hazardous waste characteristic number in the dropdown box below. If multiple numbers type appropriate numbers for "Hazardous Waste Characteristics" column below.

1 	2 	3 	4 Self Heating	5 	6 	7 	8 	9 Shock Sensitive
Item Number	Chemical Name (No Abbreviations or Chemical symbols)			Physical State	Hazardous Waste Characteristics	Type of Container	Amount of Waste	

**EHS USE ONLY**

PICKED UP BY: \_\_\_\_\_

DATE: \_\_\_\_\_