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) Building:		Department	I	Date Phone #:		
		Room #:	Phone			
		IDENTIFICATION OF WAS	STE			
USE ONLY If mixed wa		Contents: ical / product names(s) - te, list all components - obreviations or formulas.	conta	Amount in container (i.e. 10 ml, 5g) Container Size (i.e. 500 ml)		
		accurately described above ar ocedures for Disposal of Hazar				
01	act signature and da		personnel signa	4		