Request for Hazardous Waste Pick –Up

Instructions: Fill out ALL information and fax or e-mail to ext. 2512 (fax) or knutsk@rpi.edu (e-mail)

Building: ________________  Room: ______  Date: __________

Exact Location (i.e. fume hood, storage cabinet, etc.): ______________________________________

Special Instructions/needs: (pallet jack, drum cart, etc.) _____________________________________

Waste Type:
Type: _____ Liquid _____ Solid  Radioactive Waste: _____YES _____NO
Containers Identified with Rensselaer Waste Label? _____YES _____NO

Container Specifications:
Number of Containers: ____________  Amount (pounds/gallons): __________________
Type of Containers:  Glass _____  Plastic _____  Metal _____  Other _____

Contact Person (in laboratory or area):
Name: ________________  Phone: ________________  E-Mail: ________________

Individual Responsible (for laboratory or area):
Name: ________________  Phone: ________________  E-Mail: ________________

For Environmental Health & Safety Use Only
Date Received: ____________  Date of Pick-up: __________________
Pick-up By: ________________

If you have any questions on the procedures above, please call x 2092 or x 6114.