

EHS use only

date picked up: _____
picked up by: _____

REQUEST FOR CHEMICAL REMOVAL

[Please print or type]

Environmental Health & Safety Services
120 Physical Plant Services Bldg.
(Ofc: 744-7241) (FAX: 744-7148)
(EMAIL: juanita@pp.okstate.edu)

Date: _____
Dept.: _____
Responsible Faculty/Staff Person: _____

Contact Person: _____
Phone: _____
Bldg. & Room #: _____

Location of Chemicals:
Bldg. & Room #: _____

Does EHS need to call to schedule pickup? Yes No

Pick-up No.:

EHS USE ONLY	IDENTIFICATION/DESCRIPTION OF CHEMICALS (Do not submit unknowns)	PHYS. STATE	NUMBER, SIZE & TYPE OF CONTAINER	VOLUME or WEIGHT in CONTAINER	pH	HAZARDS
# _____						
# _____						
# _____						
# _____						
# _____						

Special Notes or Handling Instructions:

Certification: "I hereby declare that the identification/description of chemicals is accurate and complete to the best of my knowledge and that I have made a reasonable effort to neutralize, detoxify and/or recycle this material."

(Department Head Signature): _____

Date: _____

(Only one certification is needed per request.)