



CHEMICAL and MATERIAL REMOVAL REQUEST

[Please print or type with complete information]

Environmental Health & Safety

University Health Services, Suite 002
(Office: 744-7241) (FAX: 744-7148)

EMAIL FORM(S) TO: EHS@OKSTATE.EDU

<u>Department:</u>		<u>Location of Material(s):</u>	<u>Type of Material(s):</u> (Check all that apply)
<u>PI:</u>	<u>Building:</u>	<input type="radio"/> Chemical Waste	<input type="radio"/> Radiological (Ionized, Non-Ionized)
<u>Phone #:</u>	<u>Room #:</u>	<input type="radio"/> Universal Waste	<input type="radio"/> Controlled Substances (DEA)
<u>On-site Contact:</u>	<u>Location in room:</u>	<input type="radio"/> Medical/Biohazard/Sharps	<input type="radio"/> Recyclable Item(s) [e.g.- Glass...(box broken glass)]
<u>Phone #:</u>	Does EHS need to call to schedule removal? <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Other (explanation):

EHS USE ONLY	IDENTIFICATION/DESCRIPTION	PHYS. STATE (S,L,G,MT)	QUANTITY, SIZE & TYPE of CONTAINER(S)	VOLUME or WEIGHT inside CONTAINER(S)	pH	Known Hazards	EHS USE ONLY Removal Notes
							<input type="radio"/> Disposal of known(s) <input type="radio"/> ID & disposal of unknown(s) <input type="radio"/> Sub-contract item(s)removal <input type="radio"/> Item(s) for reuse ⁽¹⁾
							<input type="radio"/> Disposal of known(s) <input type="radio"/> ID & disposal of unknown(s) <input type="radio"/> Sub-contract item(s)removal <input type="radio"/> Item(s) for reuse ⁽¹⁾
							<input type="radio"/> Disposal of known(s) <input type="radio"/> ID & disposal of unknown(s) <input type="radio"/> Sub-contract item(s)removal <input type="radio"/> Item(s) for reuse ⁽¹⁾
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							<input type="radio"/> Disposal of known(s) <input type="radio"/> ID & disposal of unknown(s) <input type="radio"/> Sub-contract item(s)removal <input type="radio"/> Item(s) for reuse ⁽¹⁾

Special notes or handling instructions: (EHS and/or Relinquisher use) (1)- Unopened & within usable date

(Costs to ID &/or dispose of unknowns, items requiring special sub-contractor removal &/or disposal requirements, etc...; may be responsibility of relinquishing department)

Certification: "I hereby declare that the identification/description of materials 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." (Only one certification is needed per request. Initial and date next to each line item if special requirements exist)

Authorizing Signature: _____ Date: _____

<u>Relinquished by:</u> _____	<u>Date & Time:</u> _____	<u>Received by:</u> _____	<u>Date & Time:</u> _____
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