REQUEST FOR CHEMICAL REMOVAL

[Please print or type]

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

<table>
<thead>
<tr>
<th>EHS USE ONLY</th>
<th>IDENTIFICATION/DESCRIPTION of CHEMICALS (Do not submit unknowns)</th>
<th>PHYS. STATE</th>
<th>NUMBER, SIZE &amp; TYPE OF CONTAINER</th>
<th>VOLUME or WEIGHT in CONTAINER</th>
<th>pH</th>
<th>HAZARDS</th>
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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."

(Authorizing Signature): __________________________ Date: ________________ (Only one certification is needed per request.)

[This form may be photocopied as needed.]