

Request for Chemical Waste Pickup and Disposal

Print Name _____

Date _____ Phone # _____

Building _____ Room # _____

The following is a true and accurate description of the material.

Signature or E-mail Address

IDENTIFICATION OF MATERIAL

Each mixture requires a separate form. List the chemical name and concentration of all ingredients.

Chemical Name (CAS #)	Conc.
Number of Containers	
ESTIMATED WEIGHT OR VOLUME	

For SEM use only (UMAINE OFFICIAL Waste Determination):

**DIRECTONS: Submit completed form by FAX (581-4085);
E-mail umhazwaste@maine.edu; or Mail to:**

**Safety and Environmental Management
5784 York Village, Building #7**

IDENTIFY THE MATERIAL SOURCE:

(Describe how the waste was generated)

HAZARDS

Check all that apply

IGNITABLE

- Flammable Solid
- Flammable Liquid
- Flammable Compressed Gas
- Oxidizer
- Organic Peroxide

CORROSIVE

- Aqueous Acid - pH 2
- Aqueous Base- pH 12.5
- Corrosive, Other

REACTIVE

- Explosive
- Pyrophoric
- Water Reactive
- Reactive, Other

TOXIC

- Compressed Gas - Poison
- Poison Liquid
- Poison Solid
- EP Toxic / TC
- Toxic, Other

OTHER

- Controlled Substance C-II
- Controlled Substance C-III/IV/V

For Radioactive contact RSO for guidance