Request for Hazardous Waste Disposal

Print Name _____

Date _____ Phone # _____

Building _____ Room# _____

IDENTIFY THE MATERIAL SOURCE (Select One)

Comments/Description of Other Material Source

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

_____

Signature or E-mail Address

IDENTIFICATION OF MATERIALS

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

Chemical Name (CAS #)	Conc.
NUMBERS OF CONTAINERS	
ESTIMATED WEIGHT OR VOLUME	

For SEM use only (UMAINE OFFICIAL Waste Determination)

DIRECTIONS: Submit completed form by FAX (581-4085); Email UMHazwaste@maine.edu; or Mail to:

Safety and Environmental Management
5784 York Village, Building 7

USER INITIAL HAZARD DETERMINATION

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