



Send completed form to safety@wm.edu. Waste will be picked up within 3 days of request.

For instructions on preparing waste for pickup, visit:

<https://www.wm.edu/offices/publicsafety/ehs/waste-recycling/hazardwaste/index.php>

Originator:	PI or Director of Area:	Date:	
Department:	Building:	Room Number:	
Location in Room:		Phone:	
IDENTIFICATION OF WASTE			
Use Chemical or Generic Name – DO NOT use Chemical Formula or abbreviations.			
If you have multiple containers, please number containers and note in table below.			
ID # (multiple containers)	Chemical components (% of each)	Size of container	Type/material of container

By signing this form, I certify that all containers are in good condition and labeled properly.

Sign/type name here