



## REQUEST FOR CHEMICAL WASTE REMOVAL

Please fill out all the information in this form and send to:

Frank Abell  
Chemical Safety Officer/ Laboratory Manager  
Chemistry Department  
Room J108  
Ext: 7280  
Fax: 8861  
E-mail: fabell@clarku.edu

**Dept:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **EXT:** \_\_\_\_\_

**Location of Chemicals, Bldg & Room number:** \_\_\_\_\_

**Does the safety office need to call to schedule pickup? YES NO** \_\_\_\_\_

Identification and description of Chemicals (Do not submit unknowns)	PHY. State	Size and type of container	Volume or weight in container

**Special Notes or Handling Instructions:**

\_\_\_\_\_  
\_\_\_\_\_

“I hereby declare that the identification and/or description of chemicals is accurate and complete to the best of my knowledge” \_\_\_\_\_

PRINT name and Sign above