

## Request for Disposal of Individual Containers of Hazardous Waste

Fill out this form, save it to your hard drive, then email it as an attachment to [safety@vims.edu](mailto:safety@vims.edu)

Originator	Department	Date
Building	Room #	Phone #
<b>Identification of Waste</b> Use Chemical or Generic Name – Do Not Abbreviate or Use Chemical Formula		
Chemical Components (% of each)	Total Quantity in Container	Size & Type of Container
<b>HAZARDS</b> Check all hazards that apply.		
<input type="checkbox"/> Explosive	<input type="checkbox"/> Oxidizer	
<input type="checkbox"/> Poisonous Gas or Liquid	<input type="checkbox"/> Reactive	
<input type="checkbox"/> Ignitable Liquid Est. Flash Point _____ °C	<input type="checkbox"/> Irritant – Intensive Lachrymator	
<input type="checkbox"/> Organic Peroxide	<input type="checkbox"/> Irritant – Skin Irritant / Sensitizer	
<input type="checkbox"/> Flammable Solid	<input type="checkbox"/> Other Hazards (describe below)	
<input type="checkbox"/> Corrosive – Est. pH _____		
For Safety Office Use:		
WEIGHT _____		

**This material is properly described, has descriptive labels,  
and is in a proper container for handling.**