



UNIVERSITY OF WASHINGTON
CHEMICAL COLLECTION REQUEST
 ENVIRONMENTAL HEALTH & SAFETY

UoW 1470 (Rev.6/06)

Department		Building		CRF Tracking No.	Initials	Date Collected	Zone
Contact Name (First)		(Last)		Phone	Email@u.washington.edu		PI or Supervisor's Name
					Room No.	Box No.	Submittal Date

INSTRUCTIONS: List all chemical components (including solvents) and their percentages. Use full chemical names and no brand names or abbreviations; refer to the MSDS as necessary. For mixtures, the percentages must total to 100%. State the number and type of containers and the total volume of waste for pickup. Type or print legibly in ink.

CHEMICAL NAME/COMPOSITION	%=100%		FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY			Storage Location
1.		# and Type Containers				
		Total Volume				
	Total ▶					
2.		# and Type Containers				
		Total Volume				
	Total ▶					
3.		# and Type Containers				
		Total Volume				
	Total ▶					
4.		# and Type Containers				
		Total Volume				
	Total ▶					
5.		# and Type Containers				
		Total Volume				
	Total ▶					

SUBMITTAL INSTRUCTIONS

Fax form: 206-685-2915
Mail form: Box 354110
 PLEASE SUBMIT ONLY ONCE

Submittal certifies that materials referenced are accurately described and are packaged and labeled in accordance with the UW Laboratory Safety Manual.

Standard collection time is **2 to 4 weeks**.

Questions? Call 206-616-5835 **See our website at:** <http://www.ehs.washington.edu/epowaste/chemwaste.shtml>

CHEMICAL COLLECTION REQUEST *continued*

Contact Name _____

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Indicate item#	CHEMICAL NAME/COMPOSITION	%=100%	# and Type Containers	FOR ENVIRONMENTAL HEALTH AND SAFETY USE ONLY			Storage Location
			# and Type Containers				
			Total Volume				
	Total ▶						
			# and Type Containers				
			Total Volume				
	Total ▶						
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