# UCSB
# HAZARDOUS MATERIALS/WASTE PICKUP REQUEST

For Waste Pickup: DO NOT CALL EH&S. PLEASE USE CAMPUS MAIL OR FAX TO 893-7259.

Send To: Hazardous Waste Program
Office of Environmental Health and Safety

Instructions: Please provide all information requested in non-shaded areas. List no more than one type of container per line. (Use additional lines to describe container contents, if needed.) Photocopy this form for future use.

***Materials/waste must be segregated, labeled and packaged according to the Campus Hazardous Waste Disposal Procedures and must be itemized below or it will not be picked up.***

Date _____

Contact Name _____ Dept _____ Bldg _____ Room _____ Phone _____

PI Name _____ Waste Location (if different from above) _____

*** Non-research areas (instruction, maintenance, etc.) must provide recharge number or waste will not be picked up.

Recharge #: | | — | | | | | | — | | | | | — | | Notes: _____

GENERATOR

⇓ EH&S Use Only ⇓

| Proper Chemical Name* | # Cont | Container Size | Qty** wt/vol | State (S,L,G) | State # | EPA/ Other | Container # Date ( ) |
|---|---|---|---|---|---|---|---|
| *Example: Acetone, 90%; Methanol, 10%* | *2* | *4 L* | *3.6 L* | *L* | | | |
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*Please list materials by their chemical name, *not chemical formula*, and provide an MSDS for unusual product names. All constituents in mixtures, solid and liquid, must be identified and their concentrations stated. All unknowns must be analyzed by the generator or EH&S and their hazardous components identified at the generator's expense.

**Please indicate the quantity of material inside *each* container, not the total quantitiy of all containers.

THIS MATERIAL IS FULLY AND ACCURATELY DESCRIBED AND CONTAINED FOR SAFE HANDLING TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ (Signature) _____ (Date)

TRANSPORTER

EH&S Use Only

University of California at Santa Barbara
Office of Environmental Health and Safety
Hazardous Waste Program
Santa Barbara, CA 93106-7030
(805) 893-3194

State Transporter ID: 420775
UCSB Transporter ID: 8593

Request Received _____ Form# _____

Date of Pickup _____ Name _____



EH&S 2/01

# UCSB
# HAZARDOUS MATERIALS/WASTE PICKUP REQUEST
## *(Continuation Sheet)*

PLEASE PRINT

Contact Name_____ Date _____

| | | | | | ⇓ EH&S Use Only ⇓ | | |
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*EH&S Use Only:*
Form #_____
Pickup Date_____