THE UNIVERSITY OF NORTH CAROLINA
GREENSBORO

CHEMICAL WASTE REMOVAL FORM

Page ___ of ___

Date:

Generator: (please print legibly)	Building/Room:	Telephone:	Department:
		Email:	

WASTE CONTENTS

Composition of Material in % Must equal 100%	**Quantity**	**Location**	**Continuous Waste generation or 1 time only**
(Example) Ethyl Alcohol	*500 mL*	*Eberhart Rm. 212*	

***By signing below, you certify that all Hazardous Waste containers are properly labeled with a completed Hazardous Waste Label as required by Section 0060 of the UNCG Safety and Health Policy and Procedure Manual and the United States Environmental Protection Agency.**

I hereby declare that the contents listed on this page are fully and accurately described by name, composition and quality, and that I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me.

Print Name _____Signature _____ Date:_____

Form OS-50 (rev4/03)

Received Safety	Date:

Please Refer to Section 0060 of the UNCG Safety and Health Policy and Procedure Manual for assistance in completing this form or contact the Office of Safety at 334-5179. Please mail completed form to Office of Safety or fax to 334-4206.