

Regulated Waste Pickup Request Form

Name of Requestor: _____ Email: _____

Departmental Phone number: _____ Building: _____ Laboratory Room #: _____

Type of Waste

Do not mix different types of waste in the same container.

Chemical

Chemical Name	Number of containers	Size			
		1 gal	5 gal	30 gal	Other

Biological

Biological Name	Number of	
	boxes	sharp containers

Radioactive

Radioactive Name	Number of	
	bags	containers (1 gal)

Other

Name of waste	Number of containers	Size			
		1 gal	5 gal	30 gal	Other

Contact EHSRM to remove waste container from laboratory/area once it is 3/4 full. It should **not** remain in the area for more than 3 days. Request for the container to be removed sooner if chemical is considered an immediate hazard. Container must include an EHSRM label with the chemical name and date the container was filled (accumulation date). Make sure to close and secure container prior to collection.

Submit this form by clicking on the submit button below or email as an attachment to Waste@utrgv.edu.