BIOHAZARDOUS WASTE DISPOSAL REQUEST

Please complete SECTIONS 1 and 2 and fax to the Biosafety Office at 7-3574. If you have a special pick-up request, complete SECTION 1 and 3.

SECTION 1
Generator’s Name ________________________________ Phone ____________
Generator’s Department ____________________________________________

SECTION 2
A. Change in Current Service
Change the following at ________________:
(Bldg./Room)

☐ frequency, from: __________ to: __________
☐ contact information: ______________________

B. Add New Service
Location ________________ Frequency __________________
(Bldg./Room) (Weekly/Biweekly/Monthly)
Number of Containers _____ Container Size: □ 15 Gal □ 30 Gal
START service to the above location effective ____________________

C. Discontinue Service
Location ________________ Frequency __________________
(Bldg./Room) (Weekly/Biweekly/Monthly)
END service to the location indicated below effective ________________

SECTION 3
SPECIAL PICK-UP REQUEST
Date required: ____________________ Location: ________________
Number of Containers _____ Container Size: □ 15 Gal □ 30 Gal
Generator’s Signature ______________________ Date ____________

Please submit form five business days prior to desired pick-up date.

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