FIU
FLORIDA INTERNATIONAL UNIVERSITY
Miami's public research university

Environmental Health & Safety & Insurance

(305) 348-2621
ehs@fiu.edu

(305) 348-3574
www.fiu.edu/~ehs

EH&S Control # _____

Approved for pick-up by LSCO:
Initials: _____ Date: _____

REQUEST FOR HAZARDOUS WASTE PICK-UP FOR DISPOSAL

Please complete a separate form for each type of waste. Your signature is required.

The Resources Conservation and Recovery Act (RCRA) of 1976 requires that all hazardous wastes shipments are tracked through a system of manifests from the point of generation to the point of ultimate disposal. As an EPA registered generator, FIU is required to comply with this regulation.

Waste generating department: _____

Name of individual requesting the pick-up: _____

Title: _____ Bldg. & Room No: _____ Extension: _____

Process generating waste (*please be specific*): _____

_____

Volume of Waste: _____ Container Capacity: _____

No. of Containers: _____ Type of Container (metal, plastic, glass): _____

Containers are properly labeled? ❑ Yes ❑ No *If No, check labeling requirement.*

Does the waste contain? Spent Solvents: ❑ Yes ❑ No Infectious material: ❑ Yes ❑ No
Radioactive Contamination: ❑ Yes ❑ No

Hazardous Waste Material Profile

Chemical Constituents:	**(%)**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total:	100%

These substances are eligible for the ICEP program ❑ Yes ❑ No

Characteristics at room temperature:

Physical State: ❑ Solid ❑ Semi-solid ❑ Liquid ❑ Gas

Layers: ❑ None ❑ Multilayers _____

Free Liquids (%): _____

Precipitated solids (%): _____

Viscosity: ❑ Low ❑ Medium ❑ High

pH: ❑ <2 ❑ >12.5

Odor: ❑ None ❑ Mild ❑ Strong

Metals (ppm):			
❑ **As**	❑ **Cd**	❑ **Pb**	❑ **Zn**
❑ **Ag**	❑ **Cu**	❑ **S**	❑ **Cr (tot)**
❑ **Ba**	❑ **Hg**	❑ **Sb**	❑ **Cr (hex)**
❑ **Be**	❑ **Na**	❑ **Se**	
	❑ **Ni**	❑ **Si**	
	❑ **P**	❑ **Ti**	

Other (ppm):
Free Cyanide _____ Tot. Cyanide _____
Free Sulfide _____ Phenolics _____

Total Organic Halogens (%):
Fluorine ____ Bromine ____ Chlorine ____

Date pick-up required: _____ Pick-up location: _____

I certify that all information on this form is complete and accurate regarding the known and suspected hazards of the waste submitted to EH&S for disposal. _____ *(Initial Here)*

I acknowledge that I am aware that as a generator of hazardous waste I am **required** (by 40 CFR 262) and have completed annual training on the proper handling and disposal of hazardous waste. _____ *(Initial Here)* www.fiu.edu/~ehs

I acknowledge that I am responsible for compliance with the waste mgmt. regulations for my lab or operations. _____ *(Initial Here)*

Generator's Name: _____ Title: _____ Date: _____

Generator's Signature: _____

TO BE COMPLETED BY EH&S - Date picked up: _____ Picked up by: _____