FLORIDA INTERNATIONAL UNIVERSITY

Risk Management and Environmental Health & Safety Services
CSC 162
Phone: (305) 348-2621 Email: ehslabs@fiu.edu
Fax: (305) 348-3574 www.fiu.edu/~ehs

REQUEST *for* HAZARDOUS WASTE PICK-UP *for* DISPOSAL

Complete one form for each container of waste. All forms must be complete and signed.
You may use a single form for multiple containers with the same chemical constituents.*
Generators are strongly encouraged to take responsible steps to limit the amount of waste generated and to participate in the FIU Interdepartmental Chemical Exchange Program (ICEP)

Waste generating **department**:_____ Request Date:_____

Generator requesting the pick-up:_____Title:_____

Bldg. & Room No: _____Extension:_____E-mail:_____

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

_____

Total Est.Volume/Weight of Waste: _____ No. of Containers:* _____

Container Size(s): _____/_____/_____/_____

Type of Container: ☐Metal ☐Plastic ☐Glass

Containers are clean and sealed properly? ☐Yes ☐No

Containers ***(Fifteen gallons or more)*** can be tipped without spilling? ☐Yes ☐No

Are the containers properly labeled? ☐Yes ☐No ***Check waste labeling requirement on EH&S website: www.fiu.edu/~ehs***

Waste contains: ☐Spent Solvents ☐Infectious material ☐Radioactive Contamination ☐N/A

Please check all that apply: ☐Corrosive ☐Flammable ☐Irritant ☐Reactive ☐Toxic

Metals: ☐Yes (ppm) ☐N/A If Yes, please specify:_____

Hazardous Waste Material Profile

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

Item is eligible for redistribution via the ICEP program:
❑ Yes ❑ No

Characteristics at room temperature:

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

Layers: ❑ None ❑ Multilayer

Free Liquids (%): _____ ❑ N/A

Precipitated solids (%): _____ ❑ N/A

Viscosity: ❑ Low ❑ Medium ❑ High ❑ N/A

pH: ❑ < 2 ❑ > 12 ❑ N/A

Odor: ❑ None ❑ Mild ❑ Strong ❑ N/A

All boxes below must be checked and the form must be signed. On-line courses are available 24/7 at the EH&S website: www.fiu.edu

❑ I represent that the information provided is accurate regarding the known and suspected hazards of the waste submitted to EH&S for disposal. If this form is not signed and containers are too full not properly labeled pickup will be delayed.

❑ I am aware that as a generator of hazardous waste, I am **required**, and I have completed annual training on the proper handling and disposal of hazardous waste. (40 CFR 262)

❑ I am responsible for compliance with the waste management regulations for my lab or operations. www.fiu.edu/~ehs

❑ My **signature below** acknowledges my understanding of my responsibilities for compliance with hazardous waste management regulations in my lab or work area.

Generator's Signature:_____ Date Pick-up **Preferred**: _____

EH&S USE: Control #_____ Date picked up: _____Picked up by: _____ Weight: _____ lbs.