THE UNIVERSITY of NORTH CAROLINA				Page of	
GREENSBORO Environmental Health and Safety	CHEMICAL WASTE REMOVAL FORM			Date:	
Generator: (please print legibly)	Building/Room:	Telephone:		Department:	
		Email:			
	WASTE CONT	ENTS			
Waste Name Please label all containers with a completed UNCG waste label		Quantity	Building Name/Room	EHS Use Only (pickup date)	
(ex) Container 1 – Acetonitrile 90%, Water 10%		4 liters	Sullivan Rm 4	Sullivan Rm 428	
*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:		
Received EHS:			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 EHS Dept at 334-4357. Please mail completed form to EHS or fax to 334-4206.					