Hazardous Waste Pickup Request

	en click on the submit button.	
Waste pickup will be performe	ed on Friday unless special arrange	ements are made.
Department: *		_
lame: *		_
Sender's E-mail *		
Phone Number: *		
none number.		
Building *		
Room/Lab #: *	ne waste, such as, form, quantity, c	hemical hazards present, etc.
Room/Lab #: * nclude a brief description of th	ne waste, such as, form, quantity, c	hemical hazards present, etc.
Room/Lab #: *	ne waste, such as, form, quantity, c	hemical hazards present, etc.
Room/Lab #: *	ne waste, such as, form, quantity, c	hemical hazards present, etc.
Room/Lab #: * Include a brief description of the Vaste Description: *	ne waste, such as, form, quantity, c	hemical hazards present, etc.
Room/Lab #: * Include a brief description of the state Description: * Supplies Needed?	ne waste, such as, form, quantity, c	hemical hazards present, etc.
Room/Lab #: * Include a brief description of the state Description: * Supplies Needed?		
Room/Lab #: * Include a brief description of the state Description: * Gupplies Needed?	□ NO	
Room/Lab #: * nclude a brief description of the Waste Description: * Supplies Needed? YES f YES, from the following list of	■ NO Check the EHSRM supplies that are	e needed:

Online Form:

http://www.fss.txstate.edu/ehsrm/forms/HazWastePU.html