

Hazardous Waste Pickup Form

University of Central Arkansas Physical Plant

Date: _____

Department Name: _____

Responsible Party (Researcher, Principal Investigator, Instructor, Organization)

generating waste: _____

Phone Number: _____

Person Requesting pickup: _____

Phone Number (if other than above): _____

Waste Type:

Biological

Sharps

Batteries (Type)

Description of waste to be disposed of: _____

Quantity: _____

Location of waste for pickup Building: _____ Room: _____ Other: _____

Additional Comments: _____

To be filled out by Physical Plant

Is the waste properly packaged for pickup? YES NO

Reason for not picking up waste: _____

Name of person picking up waste: _____

Date of pickup: _____

Additional Comments: _____

FAX to 450-5399 or Email Completed Form to:

Tim Decker (tdecker@uca.edu) or **Terry Starnes** (tstarnes@uca.edu)