

# 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)