

SLAC Waste Management Group

HAZARDOUS WASTE PICK-UP AND EMPTY CONTAINER REQUEST FORM

(For waste from NON-RMMA, see reverse for instructions)

IDENTIFIER

**This section
WM use only**

FORM NUMBER

Request Date: _____ First Name: _____ Last Name: _____

DATE RECEIVED: ___/___/___ DATE MODIFIED: ___/___/___

Department: _____ Building: _____ SLAC Extension: _____ Pager Number: _____ Mail Stop: _____

DATE ENTERED: ___/___/___ DATE CLOSED: ___/___/___

WASTE ID #	SERVICE REQUEST (mark all that apply)	(G) GENERATION LOCATION - list the building/room number or location where the waste was generated. (P) PROCESS - describe the process that generated the waste. (D) DESCRIPTION - describe the waste by its chemical or trade name and the estimated purity or concentration. Example: Trichloroethane 80% / water 20% - (must total 100%) Note: If only the Trade Name is used, a Material Safety Data Sheet, the (MSDS) must be included.	# CONTAINERS	WASTE QUANTITY (amount and units) Examples: -40 gallons -5 ounces -2 kilograms -50 pounds -EC (empty container)	CONTAINER DESCRIPTION (capacity and type) Examples: -55gallon poly drum -5 gallon metal drum -16 ounce glass bottle -5 quart box -large pallet -32 gallon bag -1 gallon can	COMPLETION DATE: ___/___/___	LOG-IN BY: _____ Q.C. BY: _____
Notes:							

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						- no waste - remedial - non-routine	CD#2	Load #		
	<input type="checkbox"/> Pickup <input type="checkbox"/> Deliver <input type="checkbox"/> Replace	G= P= D=								
	<input type="checkbox"/> Pickup <input type="checkbox"/> Deliver <input type="checkbox"/> Replace	G= P= D=								
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NOTE: All electrical equipment must be fully discharged prior to pick-up by WM.