**Appendix A**

**University of Northern Iowa**

**Hazardous Waste Removal Request**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Person |  | Department: |  |
|  |  |  |  |
| Building/Rm #: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Container No.** | **WASTE DESCRIPTION** | **Percentages** | **WASTE AMOUNT/CONTAINER SIZE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Principal Investigator Signature: |  | | | |
|  |  | | | |
| **EHS USE ONLY**: Date of waste removal: | |  | Waste removed by: |  | |