**Appendix A**

**University of Northern Iowa**

**Hazardous Waste Removal Request**

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

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| **Container No.** | **WASTE DESCRIPTION** | **Percentages** | **WASTE AMOUNT/CONTAINER SIZE**  |
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| Principal Investigator Signature: |  |
|  |  |
| **EHS USE ONLY**: Date of waste removal:  |       | Waste removed by: |       |