

EHS use only
 date picked up: _____
 picked up by: _____

REQUEST FOR CHEMICAL REMOVAL

[Please print or type]

Environmental Health & Safety
 120 Physical Plant Services Bldg.
 (Ofc: 744-7241) (FAX: 744-7148)
 (EMAIL: juanita.phelan@okstate.edu)

Date: _____
 Dept.: _____
 Responsible Faculty/Staff Person:

Pick-up No.:

Contact Person: _____
 Phone: _____
 Bldg. & Room #: _____

Location of Chemicals:
 Bldg. & Room #: _____

 Does EHS need to call to schedule pickup?
 Yes No

EHS USE ONLY	IDENTIFICATION/DESCRIPTION of CHEMICALS (Do not submit unknowns)	PHYS. STATE	NUMBER, SIZE & TYPE OF CONTAINER	VOLUME or WEIGHT in CONTAINER	pH	HAZARDS
	# _____					
	# _____					
	# _____					
	# _____					
	# _____					

Special Notes or Handling Instructions:

Certification: "I hereby declare that the identification/description of chemicals is accurate and complete to the best of my knowledge and that I have made a reasonable effort to neutralize, detoxify and/or recycle this material."

(Department Head Signature): _____ Date: _____ (Only one certification is needed per request.)

[This form may be photocopied as needed.]