

Request New Chemical Waste Routine

Department	Building	Room	Supervisor or PI
Contact Name	Contact Phone	Contact Email	Contact Box Number

WASTE COMPOSITION

List all components of waste. For solutions and mixtures, include solvent(s) and percentage of all components. **Percents must total 100%.** Please list full chemical names.

CHEMICAL	PERCENTAGE
1.	%
2.	%
3.	%
4.	%
5.	%
6.	%
7.	%
8.	%
9.	%
10.	%
11.	%
12.	%

PACKAGING INFORMATION

Container Type:

Safety Can	Other Reusable	Glass Bottle	Plastic Bottle	Other (specify)
Size _____	Size _____	Size _____	Size _____	Size _____

CERTIFICATION

I certify that the information provided is accurate and complete and that the materials referenced will be correctly packaged and labeled according to the University of Washington Laboratory Safety Manual. I will inform Environmental Health and Safety of any change in the above information.

Signature	Date
-----------	------

Once you have a Waste Routine Number you can fill out the online form to request collection of your waste at www.ehs.washington.edu/secure/routine-chemical-waste-collection-request.

ENVIRONMENTAL HEALTH AND SAFETY USE ONLY

Proper Shipping Name	Oxidizer: (Circle one) + -		
Disposal Option 1-1a-1b-1c			
Disposal Option 2	PH:		
RQ:	DOT Hazard Class	Packing Group	Other:
UN Number	Zone:		
Waste Codes:	Technologist Initials:		
Schedule (Circle one) Weekly Bi-Weekly Monthly Bi-Monthly On-Call	MCID:		