



BIOHAZARDOUS WASTE DISPOSAL REQUEST

Please complete SECTIONS 1 and 2 and fax to the Biosafety Office at 7-3574. If you have a special pick-up request, complete SECTIONS 1 and 3.

SECTION 1

Generator's Name _____ Phone _____

Generator's Department _____

SECTION 2

A. Change in Current Service

Change the following at _____:
(Bldg/Room)

frequency, from: _____ to: _____

contact information: _____

B. Add New Service

Location _____ Frequency _____
(Bldg./Room) (Weekly/Biweekly/Monthly)

Number of Containers _____ Container Size: 15 Gal 30 Gal

START service to the above location effective _____
(Date)

C. Discontinue Service

Location _____ Frequency _____
(Bldg./Room) (Weekly/Biweekly/Monthly)

END service to the location indicated below effective _____
(Date)

SPECIAL PICK-UP REQUEST

Date required: _____ Location: _____

Number of Containers _____ Container Size: 15 Gal 30 Gal

Generator's Signature _____ Date _____

Please submit form five business days prior to desired pick-up date.