### Hazardous Waste Pickup Request

Please have this form completed and returned to EHS at least 4 days prior to the next scheduled pick-up date. Requests made within 4 days of the pick-up date, will be scheduled for the following month.

**FAX TO:** 212.995.4932 OR **MAIL TO:** EHS, 285 Mercer St., 2nd Floor

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<table>
<thead>
<tr>
<th>DESCRIPTION OF CONTENTS</th>
<th>ES Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Chemical or common name of all substances over 1% by volume.</td>
<td>PICK UP DATE</td>
</tr>
<tr>
<td>2. Percentages of mixed chemicals in container (by volume) ≤ 100%</td>
<td>SHIP DATE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NUMBER OF CONTAINERS</th>
<th>TYPE OF CONTAINERS (SIZE)</th>
<th>SOLID/LIQUID/GAS (SLG)</th>
<th>PURITY/IXTURE (PI/M)</th>
<th>PRIMARY HAZARD CODE</th>
<th>DESCRIPTION</th>
<th>PICK UP DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>5 Gallon</td>
<td>L</td>
<td>M</td>
<td>F</td>
<td>Acetone 20% Xylene 10% Toluen 70%</td>
<td></td>
</tr>
</tbody>
</table>

**Hazard Codes:**
- F - Flammable
- C - Corrosive
- T - Toxic
- R - Reactive
- E - Explosive
- O - Oxidizer

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**Signature of Department Representative**

This is to certify that the above information is accurate to the best of my knowledge.

**Date**
INSTRUCTIONS FOR HAZARDOUS WASTE PICKUP REQUEST

Prior to scheduling a pickup make sure:

1. All containers are labeled with the NYU Hazardous Waste Label
2. Containers are completely filled out including full chemical name
3. Containers that have more than one constituent must have the percentages of each constituent listed
4. The primary hazard must be identified
5. Bottles are stored in secondary containment
6. Containers are segregated according to compatibility