

ROUTINE WASTE FORM

NEW YORK UNIVERSITY Environmental Services				
Department	Building/Room	PI or Supervisor	Contact Name	Contact Phone
Waste Composition				
Compound/Constituents				Percentage
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
Attach additional sheet if required			PERCENTAGES MUST EQUAL 100%	= 100.0%
Accumulation Information		Container Information		
Anticipated volume and frequency of disposal Anticipated semester, from – to:		Container Type: <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Other _____ Container Size:		
I certify that the information provided is accurate and complete and that the waste is correctly packaged according to NYU's Hazardous Waste Minimization and Disposal Policy, #101. I will promptly inform Environmental Services of any changes in the above information.				
Signature: _____			Date: _____	
Environmental Services Use Only				
Proper Shipping Name _____			Tests:	
Waste Codes: _____			pH:	
			Other:	