



**OFFICE OF RISK & DISABILITY MANAGEMENT**

5735 47<sup>th</sup> Avenue - Sacramento, CA 95824

Phone: (916) 643-9421

Fax: (916) 399-2071

**HAZARDOUS WASTE REMOVAL REQUEST FORM**

School Name:	Telephone:	Date:
Site Address:		
Contact:	Office:	Pickup Location:

**HAZARDOUS WASTE INVENTORY**

	Number of Containers	Amount per Container (a)	Container Type (b)	Content Description (c)	Location (d)	
					Building	Room
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

**MATERIALS AND SUPPLIES REQUESTED**

Containers			Labels			Forms & Documents	
Size	Requested		Type	Requested		Type	Requested
1 gal			Haz Waste			Removal	
5 gal			Flammable			Manifest	
20 gal			Oxidizer			Profile	
30 gal			Corrosive			MSDS	
55 gal			Other-Specified			Other-Specified	

**INSTRUCTIONS**

- a) The amount per container must be noted in gallons, liters, or ounces for liquids. Solids must be noted in pounds.
- b) Container type: metal, plastic, or glass jar. Please estimate the weight of each ballast.
- c) The container content must be detailed. Please include composition in percentage if it is known. Example: 80% oil and 20% water.
- d) Exact location where the containers are in storage on campus.

Fax this Hazardous Waste Removal Request Form to Risk Management: (916) 399-2071