

Environmental Health Safety Coastal Carolina University	<h1 style="margin: 0;">Chemical Waste Collection Request</h1>	Tracking No.	Collection Date
		Initials	

Department	Building	Room No.	PAGE _____ OF _____	Date
Contact Name (first)	(last)	Phone No.	Email	Supervisor

Instructions: List all chemical components (including solvents) and their percentages (must = 100%) Use full chemical names. Type or print legibly in ink

Chemical Constituent/Name: <small>Use as many lines as needed Skip line between entries</small>	Percent must equal 100%	Number of Containers & Type of Container	Total Volume	For EHS Use Only	Storage Location

Submittal of this form certifies that materials referenced are accurately described and are packaged and labeled in accordance with CCU policies.	Email to bholt@coastal.edu or Fax to 843-349-2384 or via Campus Mail, (Submit form only once). Standard collection time is 2 to 4 weeks, you will get confirmation of collection date. Questions call 843-349-2817
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