

Instructions

Preparation of Materials:

- 1) All chemicals must be disposed of through the University's **Hazardous Waste Program**, unless written permission is given by EHS for disposal in a sanitary sewer.
- 2) Write "**Hazardous Waste**" on containers of outdated chemicals, chemicals no longer required, or waste resulting from a laboratory process. List the names of the waste chemicals and the amounts of each chemical on the label and the waste form.
- 3) Containers which meet the definition "**Hazardous Waste**" require the words "**Hazardous Waste**" to be written on the container. These containers must have the following labeling information as well:
 - a. Primary Investigator's Name / Contact Name
 - b. Building Name and Room Number
 - c. Telephone Number
 - d. Date container is filled
 - e. Bottle Number—**Each container is on a separate line and numbered sequentially**
 - f. Content of the container—**DO NOT ABBREVIATE CHEMICAL NAMES**
- 4) All containers must be tightly closed.
- 5) Do **NOT** combine wastes.
- 6) Signature is required for processing.
- 7) Please delete unused pages prior to submission. If additional pages are required, an additional document can be submitted.
- 8) Email completed forms to **ehswaste@case.edu**. For further information, contact Safety Services office at 368-2907. **TRADITIONAL HANDWRITTEN FORMS ARE AVAILABLE AT THE EHS OFFICE, WHICH MUST BE SUBMITTED IN PERSON.** EHS office is located at 2220 Circle Dr. (Service Building) 1st Floor.

Is this a move/termination? Yes ☐ No ☐

Contact _____ Primary Investigator _____ Building _____ Room # _____

Department _____ Account Number _____ Phone _____ Date _____

[illegible]

Signature Required

Date: _____

OFFICE USE ONLY

ID #	PI #	Year	Pick Up #
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Is this a move/termination? Yes ☐ No ☐

Contact _____ Primary Investigator _____ Building _____ Room # _____

Department _____ Account Number _____ Phone _____ Date _____

[illegible]

Signature Required

Date: _____

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Is this a move/termination? Yes ☐ No ☐

Contact _____ Primary Investigator _____ Building _____ Room # _____

Department _____ Account Number _____ Phone _____ Date _____

[illegible]

Signature Required

Date: _____

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[illegible]

Signature Required

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[illegible]

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