



Albert Einstein College of Medicine

Hazardous Waste Pick-Up Request Form

Requester:	Date:
Principal Investigator:	Extension:
Email:	Building/Room
Location of Waste:	

Waste Description If mixed, list all known chemicals and concentrations	Volume (L) or Weight (Kg)	# of Containers	Type of Container
1.			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Box
2.			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Box
3.			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Box
4.			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Box
5.			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Box
6.			<input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Box
Please note that each item of waste must have an attached Hazardous Waste Label . Any container without a Hazardous Waste Label cannot be picked up by Environmental Health and Safety. Improperly completed forms and labels will cause delays in waste pick-up.			

For Office Use Only

Comments:	
EH&S Technician Initial:	Date:

On completion, fax to: x8740, deliver or mail to: EH&S - Forch 800, or email: Einstein-safety@einsteinmed.edu