Fax: 410-704-2993 **or**
Email: safety@towson.edu

TOWSON UNIVERSITY

Hazardous Chemical Waste Disposal Request

Page _____of_____

Date: ___, ___, ___

Requestor: _____ Phone #: _____ Email: _____

Department: _____ Building & Room #: _____

Item #	Description of Waste Chemicals	Quantity	Container Size & Type	Comments

Copy Additional Sheets as Necessary.

IF YOU NEED REPLACEMENT WASTE CONTAINERS – WRITE AMOUNT AND TYPE AT BOTTOM OF FORM.

GENERATORS MUST SUBMIT A COPY OF THEIR EHS HAZARDOUS WASTE GENERATOR TRAINING CERTIFICATE WITH THIS DISPOSAL REQUEST.

SUBMIT **RESET**