

**Location of Pick up/Delivery**

Building: \_\_\_\_\_ Room: \_\_\_\_\_ Date: \_\_\_\_\_

Requester's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**BIOLOGICAL WASTE DISPOSAL:**

Number of box(es): \_\_\_\_\_ *Boxes must not weigh more than 30 pounds.*

**NOTE: It is your responsibility to properly close bio waste box(es) before it can be removed. Boxes that are not closed properly will not be picked up.**

Provide a brief description of materials being disposed in the space below:

**SHARPS DISPOSAL:**

Indicate the number of container(s) you wish to dispose in the appropriate container sizes box below:

_____	_____
Number	Size
_____	_____
Number	Size



**NOTE: It is your responsibility to properly close sharps containers before it can be removed. Boxes that are not closed properly will not be picked up.**

**SUPPLIES:**

Indicate the number of container(s) you are requesting: \_\_\_\_\_

Note: RA-EHS only supplies one red bag per bio box delivered.

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The materials listed above are accurately described, packaged and labeled according to the Procedures for Disposal of Hazardous Waste.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be A&M-SA employee, e.g. faculty, staff, TA or RA)

SUBMIT

CLEAR THIS FORM