



# WM | Hazardous Waste Disposal Requisition

Fax form to **x4838**

For questions, please call **x5877**

HWHF Req. No. \_\_\_\_\_

Date Received \_\_\_\_\_

Date: \_\_\_\_\_ Account #: \_\_\_\_\_ SAA/WAA Location: Bldg: \_\_\_\_\_ Rm. \_\_\_\_\_ **RMA Waste YES | NO**

Name: \_\_\_\_\_ (please print) Employee ID: \_\_\_\_\_ Division: \_\_\_\_\_ Ext #: \_\_\_\_\_

Accumulation Start Date:  
\_\_\_\_\_

Process Knowledge

Analytical

MSDS/Manufacturer label

Waste Description \_\_\_\_\_ Need replacement:  carboy  flam can  drum

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Cont. Description \_\_\_\_\_

#Containers: \_\_\_\_\_ Cont. Volume \_\_\_\_\_ Waste Qty. \_\_\_\_\_ Waste Form \_\_\_\_\_ pH \_\_\_\_\_  
(e.g. 500ml, 1 liter, 30 gal) (e.g. 50ml, 2.5 liters, 10lbs) (solid, liquid, gas) (aqueous liquid)

**EH&S USE ONLY**

Analytical: \_\_\_\_\_

\_\_\_\_\_

QA Code: \_\_\_\_\_

CA Codes: \_\_\_\_\_

RCRA Codes: \_\_\_\_\_

Part B Waste Stream: \_\_\_\_\_

Storage Loc. \_\_\_\_\_

Accumulation Start Date:  
\_\_\_\_\_

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Analytical

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RCRA Codes: \_\_\_\_\_

Part B Waste Stream: \_\_\_\_\_

Storage Loc. \_\_\_\_\_

**Generator Signature** \_\_\_\_\_

I certify to the best of my knowledge, the chemical composition provided for each item is complete and correct.

\_\_\_\_\_ Certification Spec. / Date \_\_\_\_\_ Compliance Spec. / Date \_\_\_\_\_ HWHF Rep. / Date \_\_\_\_\_