# CHEMICAL REMOVAL FORM

UIC Environmental Health and Safety Office, M/C 645

**GENERATOR SECTION**

**FILL OUT COMPLETELY. PLEASE PRINT. E-mail completed form to chemwaste@uic.edu OR fax to 3-3703.**

NAME: _____

BUILDING #:_____ ROOM #:_____

PHONE #:_____ MAIL CODE:_____

**LOCATION OF MATERIALS FOR PICKUP**

BUILDING # : _____

ROOM # : _____

**SAFETY OFFICE USE ONLY**

PICK-UP #

DATE RECEIVED_________

COLLECTED BY: _____

COLLECTION DATE_________

| **MATERIAL** (LIST ALL CHEMICAL CONSTITUENTS) | **NUMBER OF BOTTLES** | **BOTTLE SIZE** | **STATE (circle one)** | **SURPLUS?* ('X')** | **CAS #** | **CODE** | **ID #** |
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QUESTIONS?
CALL 3-CHEM (2436)

*SUPRLUS CLEMICALS MUST BE SEALED, UNUSED AND IN GOOD CONDITION.
ALL CHEMICALS MUST BE IN A **SEALED** CONTAINER WITH THE CONTENTS IDENTIFIED ON THE LABEL.

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