

# **REQUEST FOR HAZARDOUS WASTE DISPOSAL**

# **PART 1**

|  |  |
| --- | --- |
| Date |  |
| Budget Centre/Dept |  |
| Contact name |  |
| Phone number |  |
| Location of waste |  |
| Campus map building number |  |
| Purchase order number |  |
| Account number |  |
| Number of sheets in Part 2 |  |

# To Environmental Services

Please arrange for collection and disposal of the waste listed in Part 2 overleaf.

The waste meets the following conditions, as appropriate:

* containers are sound, leak proof and sealed by a secure closure;
* each container or item of equipment is durably labelled with the proper name of the substance(s), and the hazard warning symbol(s) depicting the major hazard(s) assigned under the CLP(Classification, Labelling & Packaging) Regulations 2015 and, where required, the room number and Campus Map Building Number;
* the Hazardous waste content equipment is sealed against accidental release;
* potentially unstable substances have been appropriately stabilised.

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| --- | --- | --- |
| Budget Centre Hazardous Waste Coordinator | **Name** |  |
| **Signature** |  |

**For Use by Campus Services**

Confirmation of proposed date for removal of waste

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| --- | --- | --- | --- |
| **Waste Series ID number** |  | **Consignment note code** |  |
| **Env Services Contact** |  | **Date for collection** |  |
| **Phone** |  |

**For Use by Budget Centre/Department**

Confirmation of removal of waste

I confirm the waste removed matches exactly the waste listed in Part 2

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| --- | --- | --- | --- | --- | --- |
| Budget Centre Contact | **Name** |  |  | **Date of Collection** |  |
| **Signature** |  |  |

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| Substance/Material/Equipment Name | HP  Code (see below) | Type (see below) | Conc./ amount | Form (see below) | Container | | |
| Number | Type | Size |
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Form: Physical Form, L = liquid; P = powder; S = solid; M = mixed Codes: Hazardous Properties Codes\*

Type: 6 digit HP code\*

\* From Hazardous Waste: Guidance on Assessments (GUIDANCE/11/HWGA/17)

Sheet Number of

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