

University Hospital of Brooklyn College of Medicine School of Graduate Studies College of Nursing College of Health Related Professions

## CHEMICAL WASTE PICK UP REQUEST FORM

Please complete this form and email to Environmental.Safety@downstate.edu.

PI Name:	
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Requested	By:	
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Email: \_\_\_\_\_

Phone Nu	mber:			
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Building:	
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Room:
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## SUPPLIES

Do you need any labels?

Do you need any empty containers?

## WASTE TO BE PICKED UP

Please describe the waste to be picked up (including full chemical names and quantities):