

**ILLINOIS STATE UNIVERSITY
OFFICE OF ENVIRONMENTAL HEALTH
PICKUP REQUEST FORM**

INSTRUCTIONS:

Please fill out as completely as possible. Pickups will not be made otherwise. Allow 4 to 5 days for pickup.
RETURN, MAIL, OR FAX TO OEHS, 202 NSB (MAIL CODE 1320), FAX # 438-3086

First 3 columns-OEHS USE ONLY						
ITEM #	WASTE #	pH	SIZE	DESCRIPTION OF WASTE: Indicate in relative order of concentration, each substance in each container. Indicate the relative percent next to each substance, including water. If less than 1%, put "trace." Always use full chemical names. If the waste is the result of a lab experiment, list the experiment type or number. For radioactive wastes, include isotopes and activities (in uCi). Be conservative with estimates (i.e., err on the side of higher activity). Be sure container label contains contents, hazard information, generator information, and date.	LABEL DATE	HAZARDS: Identify the following: radioactive, flammable, corrosive, poison, etc.
1						
2						
3						
4						
5						
6						

"THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION" 49 CFR 172.204 (a)(1)

GENERATOR _____ DEPT _____ ROOM _____ PHONE _____

WASTE LOCATION _____ DATE _____

EMERGENCY NUMBERS:

OFFICE OF ENVIRONMENTAL HEALTH **438-8325**

ILLINOIS STATE UNIVERSITY POLICE DEPARTMENT **438-8631** NORMAL FIRE DEPARTMENT **9-1-1**