FLORIDA STATE COLLEGE AT JACKSONVILLE
HAZARDOUS WASTE DISPOSAL REQUEST FORM

Campus: _____ **Date**_____

Department of Generation: _____

Department of Chair Name: _____ _____
(Type) **(Signature)**

Contact Person: _____ **Phone:** _____

Return to Hazardous Material Coordinator: **John McCarthy, Safety Department, 501 West State Street Room 355P**

Chemical items for Disposal (typed or clearly written in layman's terms):	Manufacturer Brand Name:	Number of Containers:	Container Size/Weight in pounds:	Container Type (G,M,P,F):	Physical State (L,S,G,A,R):	Comments:

Date of Storage _____

Container Type: G=Glass M=Metal P=Polyethylene (Plastic) F=Fiber (Cardboard)
Physical State: L=Liquid S=Solid G=Gas A= Aerosol R=Residue (Sludge)