

**Gwynedd Mercy University**

**BIOLOGICAL WASTE REMOVAL REQUEST**

**Date:** \_\_\_\_\_

**Location of Biological Waste: Bldg. & Room #:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone/Ext.:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Pickup Availability: Date/Time** \_\_\_\_\_

**FORWARD SIGNED REQUEST TO ENVIRONMENTAL SAFETY MANAGER:  
IN KEISS HALL 236**

ESM USE ONLY	IDENTIFICATION/DESCRIPTION	FULL DATE	SIZE & TYPE OF CONTAINER	NUMBER OF CONTAINERS

Special Notes or Handling Instructions to ESM: \_\_\_\_\_

**Certification:** *“I hereby declare that the identification/description of hazardous waste is accurate and complete to the best of my knowledge and that I have made a reasonable effort to store and handle the waste properly prior to full date and release to ESM.”*

Generator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ESM Use Only**

Date of Pickup \_\_\_\_\_

Transportation Method: \_\_\_\_\_

Disposal Arrangement/Storage Location \_\_\_\_\_