

GMercyU REQUEST FOR CHEMICAL REMOVAL

**CONTACT:
ENVIRONMENTAL SAFETY MANAGER
KEISS HALL 236, 215-646-7300 X21489**

Date: _____

Location of Chemicals - Bldg. & Room #:

Contact Person: _____ **Phone:** _____

Department: _____

Pickup Availability - Date/Time _____

| ESM USE ONLY | IDENTIFICATION/ DESCRIPTION (Do not submit unknowns) | PHYSICAL STATE (L or S) | NUMBER, SIZE & TYPE OF CONTAINER | VOLUME or WEIGHT in CONTAINER | CAS # | KNOWN HAZARD |
|---------------------|---|------------------------------------|---|--------------------------------------|--------------|---------------------|
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Special Notes or Handling Instructions:

Please sign below. Certification: "I hereby declare that the identification/description of chemicals is accurate and complete to the best of my knowledge and that I have made a reasonable effort to neutralize, detoxify and/or recycle this material."

Signature _____ Date: _____

Date of Pickup _____

ESM Use Only

Transportation Method: _____

Disposal Arrangement/Storage

Location: _____