Queens College Hazardous Waste Pickup Request Form

This form must be completed in full, legibly, and submitted via email to Katie.Festa@qc.cuny.edu and parmanand.panday@qc.cuny.edu.

Laboratory Information:

Date:	
Full Name:	
Status:	
Department:	---
Name of P.I:	
Laboratory Building:	---
Laboratory Room #:	
Have you taken safety training with us?	Yes ☐ No ☐

Description of hazardous waste:

Chemical Composition of Waste:	Physical State:	Container Size:	No. of Containers:	Hazard:	Vol./Wgt. in Container
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Dates and times you are available to provide access for the waste pickup.

Date:	**Time:**

Request for replacements:

# of 4 L Glass Containers (for liquids)	
# of Mayo Jars (solids container)	
# of 5-gal Carboys (for liquids)	
# of Large Hazardous Waste Labels	
# of Small Hazardous Waste Labels	
# of Sharps Containers	
Spill Kit	Yes ☐ No ☐

Please make sure the following is complete before waste pickup:

	YES
All waste containers are properly capped and in good condition for waste pickup.	☐
All waste containers are properly labeled (no chemical formulas or abbreviations).	☐
All hazardous waste labels are filled out, including hazards associated with the waste.	☐
All waste properly segregated and stored in secondary container.	☐