

**THE UNIVERSITY OF MISSISSIPPI
DEPARTMENT OF HEALTH & SAFETY
(662) 915-5433**

REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS

Supervisor:	Department:
Building:	Room #:
Physical State:	Phone #:

IDENTIFICATION OF THE MATERIAL

Chemical Components	% or ppm	Quantity
TOTAL		

I hereby certify that the material listed on this form does NOT contain any pathogenic or infectious material, pesticides, PCB's or radioactive materials; and THAT THE IDENTIFICATION OF THE MATERIAL(S) LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I TAKE FULL RESPONSIBILITY FOR ANY ERRORS OCCURRING HEREIN.

Signature of Supervisor

Date

DATE RECEIVED DHS:	CONTROL #:
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