

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

REQUEST FOR UNUSUAL DISPOSAL

SUPERVISOR :	DATE :
DEPARTMENT :	PHONE # :
BUILDING :	ROOM :

DISPOSAL INFORMATION

CHEMICAL NAME :	
TYPE OF CONTAINER :	AMOUNT :
PHYSICAL STATE :	HAZARD :

FINANCIAL RESPONSIBILITY

As budget officer of this unit, I certify that my department will provide the funds to dispose of this material.	
SIGNATURE OF SUPERVISOR :	DATE :

HEALTH AND SAFETY ACTION

ESTIMATED DISPOSAL COST :	ACTUAL DISPOSAL COST :
HEALTH AND SAFETY OFFICER :	DATE APPROVED :