## THE UNIVERSITY OF MISSISSIPPI LABORATORY SERVICES

Phone (662) 915-5433 FAX (662) 915-5480

## **REQUEST FOR DISPOSAL OF HAZARDOUS CHEMICALS**

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

## IDENTIFICATION OF THE MATERIAL

Chemical Components		% or ppm	Quantity

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 #: