REQUEST FOR BIOMEDICAL WASTE DISPOSAL

BIOLOGICAL HAZARDS: _______________________________________________  
__________________________________________________________________  
CHEMICAL HAZARDS: ________________________________  
__________________________________________________________________  
RADIATION HAZARDS: _______________________________________________  
__________________________________________________________________  
TYPE OF THE WASTE:  Medical Waste, Including Sharps _______  
Pathological Waste, Animals _______  
AMOUNT OF WASTE - NUMBER OF TUBS _______ TOTAL WEIGHT _______ lbs. or kg  
ADDITIONAL INFORMATION:  
__________________________________________________________________  
__________________________________________________________________  
DEPARTMENT: ________________________________  
I hereby certify that the information on this form is correct to the best of my knowledge.  
NAME: ________________________________________________  
(PRINT) FIRST MI LAST  
SIGNATURE OF SUPERVISOR ___________________ DATE ____________  

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