

Please complete sections 1 through 3 and submit request electronically to Environmental Health and Safety (EHS) at: [ehs@med.cornell.edu](mailto:ehs@med.cornell.edu). Waste collections will be conducted on the next available Tuesday or Thursday following the submission of the disposal request form.

**SECTION 1**

Licensee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Date: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Waste Location (Bldg./Rm.): \_\_\_\_\_ Contact Email: \_\_\_\_\_

**SECTION 2**

Enter the total number of containers, per size, to be picked up. Please note that additional charges will apply for all requests involving Mixed Waste. Phase should be listed as either DAW (Dry Active Waste), Liquid, or LSV (Liquid Scintillation Vials).

Isotope	Phase	Container Size	No. of containers	Additional Chemical Constituents (If applicable)	For EHS Use Only
					Container No.

**SECTION 3**

Enter WCM fund number to be charged (if more than one fund number, please enter percentage breakdown of charge for each fund number listed) and electronically sign:

<i>Fund #</i>	<i>Percentage</i>	<i>Authorized E-signature</i>

**For EHS and Accounting Use Only:**

DAW (onsite storage)

55 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

30 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

5 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

DAW (offsite storage)

55 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

30 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

5 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

LSV

55 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

30 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

5 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

Liquid

5 gal: \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

2.5 gal : \_\_\_\_\_ @ \$ \_\_\_\_\_ /Drum = \$ \_\_\_\_\_

**For EHS and Accounting Use Only:**

Collected and Approved for Billing by:

<u>Debit Fund</u>	<u>%</u>	<u>Health Physics Fund</u>	<u>Amount</u>
503001	_____	13611700	_____
503002	_____	13611700	_____
503003	_____	13611700	_____
503004	_____	13611700	_____
503005	_____	13611700	_____