



# HAZARDOUS CHEMICAL WASTE DISPOSAL REQUEST FORM



Chemical Name (print clearly)	Physical State (liquid, solid)	Quantity (l, kg)	Container Type (plastic, glass)	Container Size	Barcode (transcribe, DO NOT peel off)

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ School: \_\_\_\_\_ Department: \_\_\_\_\_

Room#: \_\_\_\_\_ Chemical Disposition Location: \_\_\_\_\_ Date: \_\_\_\_\_

EMAIL COMPLETED FORM TO: [hazardouswaste@sgdsb.on.ca](mailto:hazardouswaste@sgdsb.on.ca)