



**ENVIRONMENTAL HEALTH AND SAFETY
HAZARDOUS MATERIAL SERVICES**

**PICK UP REQUEST FORM
(USED AND UNKNOWN MATERIALS ONLY)**

RESOURCE RECOVERY CENTER (RRC) 1710 E CAMPUS LOOP COLUMBIA, MO 65211-5080
882-3736 (OFFICE) 884-5270 (FAX) hazmat@missouri.edu <http://ehs.missouri.edu>

SUBMIT PURF BY CAMPUS MAIL, FAX OR E-MAIL

FOR EHS USE ONLY

PURFNO _____

REGISTERED USER _____ REGISTERED USER NUMBER _____
CONTACT PERSON _____ TELEPHONE NUMBER _____
PICK UP LOCATION: BUILDING _____ ROOM _____ OTHER _____ E-MAIL ADDRESS _____

ITEM NO.	HML NUMBER [‡]	COMPONENTS Provide a detailed composition. Use back of this form or separate sheet(s) of paper as needed. Ditto marks are permitted for multiple containers of the same composition.	pH	CONTAINER CODE*	WEIGHT, MASS OR VOLUME [Ⓟ]	
1						
2						
3						
4						
5						
6						
7						

‡PLEASE USE ONLY ONE HML NUMBER PER LINE.

***CONTAINER CODES:** CBX-cardboard box, GB-glass bottle, MC-metal can, MD-metal drum, PB-plastic bottle, PBG-plastic bag, PD-plastic drum, SC-safety can, V-vial, OTH-other (please describe)

ⓅPlease use only the following units: GL-gallon, LT-liter, ML-milliliter, LB-pound, KG-kilogram, GM-gram, MG-milligram. Estimate amount if container is not full.

ADDITIONAL COMMENTS:

IMPROPERLY DOCUMENTED ITEMS WILL BE ANALYZED AT THE EXPENSE OF THE REGISTERED USER.

I hereby certify that the items listed above are properly documented and containerized for pick up by EHS.

SIGNATURE _____

DATE _____