Chemical Pick-Up Request / Chain of Custody

Dept. ____________________________  Page _________ of ______
Location __________________________  Room # __________
Floor _______  Phone ________________

<table>
<thead>
<tr>
<th>Chemical / Product Name</th>
<th>Hazard Classification</th>
<th>Container Type</th>
<th>Number Of Containers</th>
<th>Total Quantity</th>
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Released By
Print _______________________
Sign _______________________
Fax _________  Date __________

Transport to Temporary Storage By
Print _______________________
Sign _______________________
Fax _________  Date __________

Received at Temporary Storage By
Print _______________________
Sign _______________________
Fax _________  Date __________

Released from Temporary Storage By
Print _______________________
Sign _______________________
Fax _________  Date __________

Transport to Disposal Facility By
Print _______________________
Sign _______________________
Fax _________  Date __________

Received at Disposal Facility By
Print _______________________
Sign _______________________
Fax _________  Date __________

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