



## Safety & Environmental Compliance

Today's Date: \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_ Phone/Ext.: \_\_\_\_\_ Pager: \_\_\_\_\_

### Pick-up Location

\_\_\_\_\_  
*Building Name or Street Address*

\_\_\_\_\_  
*Department Name*

\_\_\_\_\_  
*Room Number*

### Waste Information

| Description | Qty   | Unit Type |
|-------------|-------|-----------|
| _____       | _____ | _____     |
| _____       | _____ | _____     |
| _____       | _____ | _____     |

**(Please note: If more than three (3) items, request details from contact (via email) & attach)**

**Special Instructions/Comments:**

### Safety and Environmental Compliance Staff

Staff Initials: \_\_\_\_\_ Time: \_\_\_\_\_ AM ☐ PM ☐

### Stericycle

**ACCEPTED** ☐

**REJECTED** ☐

Comments or  
Reason for Rejecting:  
(If applicable)

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Pick-up Date: \_\_\_\_\_