



***Request for 'Special Waste' Removal and Disposal***

Please provide the following information and email to [jim.nelson@csn.edu](mailto:jim.nelson@csn.edu) or fax to 702-651-7490. ***All areas must be completed.***

Date of request \_\_\_\_\_

Department making the request \_\_\_\_\_

Person making the request \_\_\_\_\_

Phone number of person making the request \_\_\_\_\_

Provide a detailed list of the type of waste needing removal. (i.e., animal tissue, chemical waste, expired medications) \_\_\_\_\_

\_\_\_\_\_

In what state is the special waste? (i.e., fixed in Carosafe preservative, in bottles, in packaging) \_\_\_\_\_

\_\_\_\_\_

How much waste is there? (i.e., weight, volume) \_\_\_\_\_

\_\_\_\_\_

In what type of container(s) is the waste being stored now? (i.e., bags, buckets) \_\_\_\_\_

\_\_\_\_\_

Where is the waste currently being stored? (i.e., CH campus, building G, room 200) \_\_\_\_\_

\_\_\_\_\_

How long has the waste been collecting there? (i.e., since September 2010) \_\_\_\_\_

\_\_\_\_\_

Provide any other information that might be helpful to our waste handlers. \_\_\_\_\_

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