

DEPARTMENT OF SAFETY, ENVIRONMENT & HAZARDS MANAGEMENT

D.S. Use only

Work Order #	_____
Date Rcvd.	_____

D.S. Use only

Entered on Flow Chart
by _____
Date Completed _____

HAZARDOUS WASTE REMOVAL REQUEST

1. Complete in duplicate, please PRINT OR TYPE.
2. Signature of Principal, Site Administrator or Assigned Designee is required.
3. Forward original directly to: Mr. John DiBenedetto, Supervisor
Department of Safety, Environment
& Hazards Management
Mail Code: 9114

Requested by: _____
Signature

Work Location: _____

Print or Type Name

Service Requested: _____

Name	
Address	
City	Zip
Contact & Phone Number	

MAIL TO: John DiBenedetto
 Department of Safety,
 Environment & Hazards
 Management

Mail Code: 9114

Telephone # 995-4900

MATERIAL DESCRIPTION		MATERIAL QUANTITY
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		