

BIOLOGICAL MATERIAL WASTE DISPOSAL FORM/MANIFEST

updated 1/2020



Originator (print name): _____ Dept: _____ Location: _____

Date: _____ Individual to Coordinate Pickup (print): _____ Phone #: _____

Billing Contact (print name): _____ Dept: _____ Phone #: _____

Date: _____ Signature of authorized billing contact: _____ Dept #: _____ Fund #: _____

REQUIRED AUTHORIZED DEPARTMENTAL SIGNATURE

By signing the above, you agree that the department/fund listed will be billed after the chemical pickup has been completed by the disposal company in arrangement with the UND Office of Safety. No other authorization will be needed for payment.

Please note that disposal pickups are generally 2 times per calendar year, therefore, the billing may not occur until the following fiscal year.

MATERIAL IDENTIFICATION

Use Material Name - **Do Not** Abbreviate

*ID#	*Liquid or Solid	LIST ALL COMPONENT(S) IN EACH CONTAINER (one component per line)	Estimated volume % or wt. of each component	*TOTAL NET volume (L) or Wt. (KG) of Container	Container size and TYPE	If radioactive, put total acty. in mCi - (of each container).	*EPA Haz Number	*Haz Mat Class or Division	*Est. Cost of Disposal

*Shaded Areas for Office of Safety Only

This material is properly described, has descriptive labels, and is in a proper container for handling and transporting in accordance with the UND Office of Safety.

Form **MUST** be completed in its entirety and include **BOTH** signatures in order for processing.

Originator's/Designee's Signature - REQUIRED