

Hazardous waste collection is performed by UND Office of Safety on a routine basis. To request waste collection, submit a [Chemical, Biological, or Radioactive] Waste Disposal Form/Manifest to the Office of Safety via intercampus mail or by emailing the completed, signed form to UND.safety@UND.edu. The requestor must include the following information:

**1. Originator, Department, Location Where Waste is Stored, Date**

This section is to be completed by the person who generated the waste. A name, department, location (building/room/etc.) where the material is held, and date section must be filled out.

**2. Individual to Coordinate Pickup, Phone Number**

The individual to coordinate pickup is usually the originator but can be delegated to someone who can provide information to Office of Safety personal picking up the waste.

**3. Billing Contact, Department, Phone Number, Date, Signature of Authorized Billing Contact, Department Number, and Fund Number**

The billing contact is someone who has special privileges that allow them to charge department/fund/project and provide other billing information. All sections must be completed by the billing contact.


**4. Material Identification**

***(Chemical Name, Estimated Volume or Weight, Container Size, If Radioactive – the Total Activity in mCi)***

All non-shaded areas must be filled out.  
Use exact names – do not abbreviate or use chemical formulas.

**5. Originators or Designee Signature**

This section must be signed by the originator or designee.



**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 Name - Do Not Abbreviate or Use the Chemical Formula

*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 Transport, Shipment, and Receipt of Hazardous Materials and Dangerous Goods Policy.

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

\_\_\_\_\_  
 Originator's/Designee's Signature - REQUIRED