**Chemical Waste Disposal form-**

**ALL CHEMICAL DISPOSAL MUST BE COMPLETED BY THE DEPARTMENT CONFIRMING AREAS OF RESPONSIBILITY ARE COMPLETED AND CHECKED.**

**THE FORM MUST THEN BE EMAILED TO:** **XXXXXXXXX** **ONCE RECEIVED THIS CAN THEN BE ENTERED ONTO THE STORE ITINARY LOG.**

**THE CHEMICAL CAN BE REMOVED TO THE STORE BY THE DESIGNATED DEPARTMENT ONLY WHEN CONFIRMATION HAS BEEN RECEIVED FROM COMPASS.**

|  |  |  |
| --- | --- | --- |
| **Chemical Name:**  | **Full Safety Data Sheet Emailed : Please enter Y/N** | **Signature to confirm** |
|  |  |  |
| **Chemical EWC code** |  | Total Litres |  |
| **Physical Form** |  | Quantity of containers x Size | 111 |
| **UN Number** |  |  |  |
| **Hazard identification** |  |  |  |
| **Chemical Description. Please list all components and %** | Full Safety Data Sheet Emailed : Please enter Y/N/NA | Signature to confirm |
|  |  |  |
|  |  |  |
|  |  |  |
| **Other safety requirements** |
| **1.Correct container compliant with MSDS used** |  |  |
| **2. Chemical filled to marked safety level**  |  |  |
| **3. Container securely sealed** |  |  |
| **4. Data sheet/bottle label /collection sheet listed as same chemical** |  |  |
| **5. Waste contents label clearly seen (Original label removed)**  |  |  |
| **Other information** |
| **1. Contact name, number, e- mail :** |  |  |
| **2. Date requested and time :** | **Date:**  | **Time:**  |
| **3. Agreed delivery /collection ( delete as appropriate)** | **Own delivery to store**  | **Collection required** |
| **- Delivery to store authorisation number from Compass** |  |
| **- If Compass are to collect. Please state location including any access problems for chemical trolley – bottle carrier to be provided by department :** |  |

**Signature of authorising personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position of Authorising Personnel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**