| **CWM-TRK-01:** | REQUEST FOR PICKUP OF CHEMICAL WASTE | CWM-TRK-01 For chemicals and mixtures with UI#s only.
CWM-TRK-02 For chemicals without UI#.
CWM-TRK-03 For new mixtures. | ☐ Form CWM-TRK-02 included
☐ Form CWM-TRK-03 included |

Date: _____ Location of Waste (Room & Building): _____

Request Submitted by (print): _____ University Net ID* _____ Phone: _____ PI/Supervisor: _____

(*Required - University Net ID is what is used to log into Nessie and is usually the first part of your University email address.)

Email: _____

By my signature, I certify that the information contained on this form is true and correct to the best of my knowledge. _____ Campus mail address: _____ MC - _____

signature   room, building or box #

UI #	Chemical Name – must match UI # (No formulas or abbreviations)	Number of identical containers	Capacity of container	Amount in container	Units (circle one)	Excess Material? (leftover unused chemical)	If excess, is the original container seal intact?	If not excess material, describe process generating waste	Color of chemical	Phase (liquid, solid, gas, sludge)	Number of layers
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				
					Kg L	Y N	Y N				

CWM-TRK-01 For chemicals and mixtures with UI's only.
CWM-TRK-02 For chemicals without UI#.
CWM-TRK-03 For new mixtures.

☐ Form CWM-TRK-02 included
☐ Form CWM-TRK-03 included

(22)

DRS Use Only
Date Received: _____
Pickup Request#: _____
Total Containers: _____

Date: ___ (1) ___   Location of Waste (Room & Building): _____ (2) _____

Request Submitted by (print): _____ (3) _____   University Net ID* _____ (4)   Phone: _____ (5) _____   PI/Supervisor: _____ (6) ___
Email: _____   (*Required - University Net ID is what i... to log into Nessie and is usuall... st part of your University email address

By my signature, I certify that the information contained on this form is true and correct to the best of my knowledge. ___ (7) _____   signature   Campus mail address: _____ (8) _____ room, building or box #   MC - (9) ___

UI #	Chemical Name – must match UI # (No formulas or abbreviations)	Number of identical containers	Capacity of container	Amount in container	Units (circle one)	Excess Material? (leftover unused chemical)	If excess, is the original container seal intact?	If not excess material, describe process generating waste	Color of chemical	Phase (liquid, solid, gas, sludge)	Number of layers
(10)	(11)	(12)	(13)	(14)	(15) Kg L	(16) N Y N	(17) N ᵧ N	(18)	(19)	(20)	(21)

Step by Step Instructions for completing form CWM-TRK-01

Note: Please enter all information requested. Incomplete forms may delay your waste chemical pickup.

1 Enter the date (Month, Day, Year) you are filling out the form. The dates on each form need not be the same.

2 Enter the location where the waste can be found. Be sure to give both the room number and the building name or initials.

3 Print your name and email address legibly.

4 Print your University Net ID. Your University Net ID is what is used to log into NESSIE and is usually the first part of your University email address.

5 Print your phone number.

6 Print your supervisor's name. In the case of labs, indicate your principal investigator.

7 Sign your name. This should be the same name printed in block 3 or 6, above. The purpose of this signature is to satisfy legal requirements for identification of waste. By signing this block, you are saying the attached information is correct, and saves the Campus from performing costly analysis on your waste.

8 Print your campus mail address. This is VERY important, as we will return labels for your waste to this address via campus mail.

9 List your campus mail code (MC). Ask your departmental business manager if you do not know it.

10 Find the UI# for your waste on the Chemical Waste Lists: http://www.drs.illinois.edu/ChemicalWasteLists/ . Copy the UI# from the list to this spot.

11 Enter the chemical name. Do not abbreviate. Do not write chemical formulas. This chemical must match the UI# listed in space 10.

12 Write the number of containers of this chemical only. There should remain about the same amount of chemical in each container. If the amount per container is different, use additional lines.

13 Write the total capacity of your container. Estimate the amount if you don't know. Please use kilograms or liters only. Do not write a unit in this block—you will be circling a unit in space 15.

14 Write the amount remaining in the container. Estimate the amount if you don't know. Use only kilograms or liters. You may round amount to the nearest 0.1 kg or liter. This space MUST be completed, or the line will be rejected. You may use the following APPROX conversion factors:

1 gal = 4 liters   1 lb = 0.5 kg   1 quart = 1 liter

1 pint = 0.5 liter   1 ounce (liq or solid) = 0.03 liter or kg

15 Circle the unit that corresponds to the amount written in space 14. [Note: Kg = kilograms; L = liters]

16 If the chemical has never been opened or is a chemical that has been opened but is no longer needed, circle yes.

17 Circle yes if the original manufacturer's seal on the bottle has not been broken (chemical can be redirected to recycle for use on campus).

18 If your chemical is simply no longer needed, leave this space blank. Otherwise, use a word or short phrase to describe the process that generated the waste. e.g., "extraction," "cleaning," "etching".

19 Use one of these colors which best matches your waste: white, black, red, yellow, orange, blue, green, purple, brown, colorless.

20 Use one of the following words which best matches the physical state of your waste: liquid, solid, gas, sludge.

21 How many layers are there in your waste? On this form, "1" will be the most common answer.

22 Check each box, as appropriate, if this submittal has any of the other ChemTrak forms attached. Each of these forms is described to the left of the check boxes.

Just before you send your form(s) in, place them in the following order: First—all of form CWM-TRK-01; Second—all of form CWM-TRK-02; Last—all of form CWM-TRK-03. Count the total number of forms and write it in the second blank line on all of the sheets in the bottom right corner. Then starting with form CWM-TRK-01, number them consecutively in the first blank.

Staple your pages together and send them to: *ChemTrak, DRS, SMSF MC-612*