

CWM-TRK-03:**REQUEST TO ESTABLISH
A NEW WASTE
CHEMICAL MIXTURE**CWM-TRK-01 For chemicals and mixtures with UI#s only.
CWM-TRK-02 For chemicals without UI#.
CWM-TRK-03 For new mixtures.

DRS Use Only

Date Received: _____

Pickup Request#: _____

Total Containers: _____

Must attach CWM-TRK-01 form for pick-up of waste (reference mixture # on the form).

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

Request submitted by (print): _____ Phone: _____
Supervisor: _____ Univ. Net ID (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 - _____
_____ room, building _____ signature (required)**Mixture
#1**

Description of waste: _____

Process for generating waste: _____

pH (if aqueous): _____ Flashpoint (liquids only) °F: _____ Will this be an ongoing stream? Y N

DRS Use Only

UI# _____

Heavy Metals

Metal	ppm
Arsenic	
Barium	
Cadmium	
Chromium	
Lead	
Mercury	
Selenium	
Silver	

Chemical Name	% Range	Chemical Name	% Range

**Mixture
#2**

Description of waste: _____

Process for generating waste: _____

pH (if aqueous): _____ Flashpoint (liquids only) °F: _____ Will this be an ongoing stream? Y N

DRS Use Only

UI# _____

Heavy Metals

Metal	ppm
Arsenic	
Barium	
Cadmium	
Chromium	
Lead	
Mercury	
Selenium	
Silver	

Chemical Name	% Range	Chemical Name	% Range

**Mixture
#3**

Description of waste: _____

Process for generating waste: _____

pH (if aqueous): _____ Flashpoint (liquids only) °F: _____ Will this be an ongoing stream? Y N

DRS Use Only

UI# _____

Heavy Metals

Metal	ppm
Arsenic	
Barium	
Cadmium	
Chromium	
Lead	
Mercury	
Selenium	
Silver	

Chemical Name	% Range	Chemical Name	% Range

