

Temple University
Environmental Health & Radiation Safety (EHRS)
Request to Dispose of Potentially Explosive Chemicals (PEC)

Instructions:

1. Complete one form for each container.
2. Requestor, Principal Investigator/Manager/Supervisor and the Department/Center Chair/Director must sign at the bottom of form prior to submitting to EHRS.
3. Submit form to EHRS by faxing to 2-1600 or via electronically to ehrs@temple.edu
4. Generator or generating department may pay a fee (\$) per bottle for the preparation and disposal of any PEC.
5. Contact EHRS at 2-2520 if you have any questions

Contact Information	
Requestor Name:	E-Mail:
Phone #	Department:
Principal Investigator(PI)/Manager/Supervisor Name:	
Location of Material	
Building:	Room:
Comments (in hood, refrigerator, etc..):	
Chemical Identity/Container Information	
Chemical name:	CAS#:
Manufacturer:	Lot#
Expiration Date:	CEMS Barcode#:
Container Size:	Volume in Container:
Container Type:	<input type="checkbox"/> Metal <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Other:
Cap type:	<input type="checkbox"/> Metal <input type="checkbox"/> Glass <input type="checkbox"/> Plastic <input type="checkbox"/> Cork <input type="checkbox"/> Lead <input type="checkbox"/> Other:
Container Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Rusted <input type="checkbox"/> Dented <input type="checkbox"/> Bulging <input type="checkbox"/> Discolored <input type="checkbox"/> Visible Holes <input type="checkbox"/> Other: <input type="checkbox"/> N/A
Container exposed to:	<input type="checkbox"/> Temperature extremes <input type="checkbox"/> Humidity <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> Other: <input type="checkbox"/> N/A
Is the material a virgin or spent product? <input type="checkbox"/> Virgin <input type="checkbox"/> Spent	
Where has the chemical been stored:	
Comments:	

General				Yes	No	Unknown
Has the container ever been opened? If yes, Date First Opened: Date of Last Usage/Opening:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anhydrous?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhibited?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you see inside the container?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the receipt date known? If yes, enter receipt date:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the container have a tight-fitting and sealed lid or cap?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the chemical been exposed to direct sunlight?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the chemical been stored under refrigeration?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you observed any physical changes to the material? If yes, please describe:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the chemical a peroxide former? If Yes, has the chemical ever been tested for peroxides? Last Evaluation Date: Peroxides Present? Comments:				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I certify that the above information is correct and accurate. I understand that there are penalties under law for false certification of hazardous waste. I understand that I may be responsible for any cost associated with the handling and disposal of this material.						
	Name	Signature			Date	
Requestor/Contact						
PI/Supervisor/Manager						
Chair/Director						

EHRS Use Only				
Material requires special disposal <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list conditions and any storage/disposal requirements:				
	Name	Signature		Date
Vendor				
EHRS				