

**INDIAN INSTITUTE OF TECHNOLOGY HYDERABAD**  
**Hazardous Chemical Removal Request Form**

Contact Person:

Building:

Contact Number:

Room:

Accumulation start Date:

Pick up date:

**Quantity:** 1lt bottle :           x

                  2.5ltr bottle ;       x

                  Large volume (separate container, specify the volume):    x

(Put 'x' number of containers)

**Waste type: (Tick)**

Liquid- Solvent

Liquid-Acid

Liquid- Base

Used oil

Solid (specify)

**List major contents in the bottles:**

**Waste Tag attached:** Yes /No (waste tag must be completely filled)

**Signature (Lab in-charge)**

**Date:**

(This form and copy of waste tag must be emailed to [safety@iith.ac.in](mailto:safety@iith.ac.in))

**Note: Containers filled 80% and more will be removed; never fill 100%; no leakage; keep bottle clean**

Safety Office-IITH