

WASTE ABANDONMENT FORM

Department Name _____ Date: _____

Submitted by: _____

Contact email: _____

Contact phone#: _____

Location (Building & Room#) of Waste: _____

Reason for Abandonment: _____

Accounting String to Charge for Disposal: _____

CAS # (if known)	Name (common)	Manufacturer's Name	Hazard	Quantity
Example	Muriatic Acid	Klean Strip	Corrosive	2

Email completed form to kknoernschild@georgefox.edu. Call (503) 554-2011 with any questions.

Thank you!