|  |  |
| --- | --- |
| B&W-Horizontal | **PCB DISPOSAL AUTHORIZATION** |

|  |  |  |  |
| --- | --- | --- | --- |
| SUPERVISOR’S NAME | APPLICANT NAME | WORK PHONE | DATE |
|  |  |  | YYYY | MM | DD |
|       |       |       |       |       |       |
| BUILDING | ROOM/LAB | DEPARTMENT |
|       |       |       |
|  |  |  |  |

**CHEMICAL INFORMATION**

**SECTION A**

|  |
| --- |
| This disposal authorization is for (check one only)[ ]  **Liquids** containing polychlorinated biphenyls (PCB’s). **Complete Section B.**[ ]  **Solids** containing polychlorinated biphenyls (PCB’s). **Complete Section C.** |

**SECTION B**

**PROVIDE VOLUME AND CONCENTRATION OF EACH CHEMICAL IN THE MIXTURE1**

|  |  |  |
| --- | --- | --- |
| CHEMICAL NAME | VOLUME | CONCENTRATION |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|  | **TOTAL**       | **TOTAL**       |

1 Enter the solvent and the PCB on separate lines.

**SECTION C**

**IDENTIFY THE CONTAINER TYPE AND CONTENTS FOR EACH CONTAINER. INCLUDE WEIGHT ESTIMATES FOR EACH CONTAINER.**

|  |  |  |
| --- | --- | --- |
| CONTAINER  | CHEMICAL NAME | VOLUME/WEIGHT OF CHEMICAL CONTAINER |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**SECTION D**

**BILLING INFORMATION**

|  |  |
| --- | --- |
| Budget Owner\*: |      2 |
| GL Unit\* | Fund\* | Dept\* | Account\* | Program | PC Bus Unit | Project | Activity | Internal |
|       |    |       |       |       |       |       |       |       |

\* These fields are mandatory.

2 This must be the owner of the account code provided.

**ATTACH** 2 **COPIES TO WASTE CONTAINER. RETAIN 1 COPY FOR YOUR FILES.**

|  |  |
| --- | --- |
| SIGNATURE | DATE |
|  | YYYY | MM | DD |
|  |       |    |    |

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