REGISTRATION FORM

Instructions: Please use this form to request pick up Infectious (biohazardous) waste. Pick up will occur on a scheduled basis or according to need. Please note that all infectious waste must be autoclaved for a half hour to an hour. Each bag must be closed with autoclave tape. For more information, refer to the website of Environmental Health and Radiation Safety at www.ehrs.upenn.edu or call Space Planning and Operations at (215) 898-8000. Thank you.

Department Name:  
Requestor Name:  
Phone Number:  

Building:  
Address/Mail Code:  
Date:  

Location of Autoclave:  
(Building and Room number)

Preferred Day and Time of Pick-up:

Principal Investigator:

Business Administrator:

Phone Number and e-mail Address of Business Administrator:

Signature of Principal Investigator:

Please complete this form and return it to Karen Pinckney, Space Planning and Operational Services, 233 Blockley Hall / 6069 / fax: 215-573-2237.