**Office:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  Medicine |[ ]  Science |[ ]  LTH |[ ]  USV/KOM/MAX IV |[ ]  Hum/Theol |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department** |  | **Division/equiv.** |  |
|  |
| **Waste removal location** (provide as much details as possible, e.g. building, room no, etc.) |
|  |
|  |
| **Contact person** |  |
|  |  |
| **Telephone** (if possible a continuously staffed phone number**)** |  |
| **Email** |  | **Date**  |  |

**If you are in any doubt as to how the waste should be packaged, Sysav will pack it for you.**

**Packaging by Sysav requested:**

|  |  |
| --- | --- |
| **YES** |[ ]  **NO** |[ ]

|  |
| --- |
| **Instructions**Fill in the form as precisely as possible. Submit the order to order.kemi@sysav.se and registrator@bygg.lu.se, via this link: Create email to submit order. NB! Attach the removal form to your email. You will receive an order confirmation by email from Sysav. Sysav will the contact you to set a pick-up time. If you are in any doubt as to how the waste should be packaged, Sysav will pack it for you, or provide you with packaging advice if you are to do it yourself. Check the YES box above for help with packaging.If you have any questions, please contact Alma Ceric at Sysav Industri, alma.ceric@sysav.se or 040-635 21 83.Please remember that the removal form, or equivalent documentation of the removal, is to be kept for at least three years (Waste ordinance 2020:614, chapter 6 § 6). |

| **Substance or mixture of substances**  | **Amount/Volume\*** \*State the volume of the container, regardless of whether or not it is full. | **Number** | **Further information** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |