**Office:**

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

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

**If you are in any doubt as to how the waste should be packaged, Sysav will package it for you. Packaging by Sysav requested:**

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

|  |
| --- |
| **Instructions**Complete the form as precisely as possible. Submit the order via this link (email to Sysav). (NB! Attach the removal form to the email.) You will receive an order confirmation by email from Sysav. Sysav will then contact you via email 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, contact Per Malmquist, per.malmquist@sysav.se (Tel: 040 635 19 02) or Martin Andersson, martin.andersson@sysav.se at Sysav Industri.Remember that the removal form, or equivalent documentation of the removal, is to be kept for at least 3 years (Waste Ordinance 2011:927 Section 55). |
| **Substance or mixture of substances**  | **Amount/Volume\*** \*State the volume of the container, regardless of whether or not it is full. | **Number** | **Further information** (e. g. information on activity levels for low-level radioactive waste) |
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