

Orange County Sanitation District
BIOLOGICAL MATERIALS REQUEST FORM

Name _____ Affiliation _____

Phone _____

Address _____
Number & Street City State Zip Code

Material requested: _____

Duration of need: From _____ To _____

Frequency of collection: _____ Amount/collection _____

Purpose of request: _____

How will material be used? _____

How do you intend to dispose of unused material you have collected? _____

Name of persons handling the material – Statement of qualifications of each

Would you and/or your Supervisor be willing to meet with District's staff to discuss handling and disposal? _____

If for student use; name of Facility Advisor _____

Percent of time student will be supervised by Advisor _____

FINDINGS OF YOUR INVESTIGATION OR EXPERIMENTATION MUST BE FILED WITH THE DISTRICT UPON COMPLETION OF YOUR WORK

I, _____, understand that the Orange County Sanitation District will supply me with the material only upon approval of this form. The District will only fill approved containers supplied by me which comply with CAL-OSHA standards as to construction and labeling. I assume all risks and responsibility for any injury or damage associated with the receipt, storage, handling and use of the material supplied by the District and hereby release, waive, discharge, covenant not to sue, agree to indemnify and save harmless the District for and against any loss, damage, or cost, including any claims or demands on account of personal injury, property damage or death, including attorney's fees, which may occur as a result of receiving, storing, handling or using the material. The District will not be liable for any use or misuse of the material or for any reason.

Print Name

Signature

Title

Date

FOR DISTRICT'S USE ONLY

Expiration Date: _____

Health Department notification: Directed to _____ Dept. _____

Date: _____

Approved by: _____