



# “Get Rid of It!”

## GRIP Program™

The safest and most convenient way to dispose of your unwanted, outdated and unused chemical products

Fax Completed Form  
to (414) 475-4496  
or email to [kcwulf@covanta.com](mailto:kcwulf@covanta.com)

	Quantity	Size	Form * (check)	Chemical Name
1			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
2			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
3			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
4			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
5			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
6			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
7			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
8			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
9			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
10			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

	Quantity	Size	Form * (check)	Chemical Name
11			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
12			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
13			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
14			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
15			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
16			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
17			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
18			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
19			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
20			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

Notes:  
  
\* Form: L = Liquid / S = Solid / G = Gas

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I've chosen to attach my inventory. Insert initials: \_\_\_\_\_

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Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Client Contact: \_\_\_\_\_ Email: \_\_\_\_\_

EPA ID# \_\_\_\_\_ IL State ID# \_\_\_\_\_

Inventory Completed By: \_\_\_\_\_

Inventory Location (be specific) \_\_\_\_\_

### The “Get Rid of It!” Action Plan

Based on the “Get Rid of It!” Inventory provided above or attached to this document, CES will package, label, profile, transport and dispose of the listed inventory for:

\$ \_\_\_\_\_ PO# \_\_\_\_\_

\_\_\_\_\_ *Print Name*                      \_\_\_\_\_ *Signature*                      \_\_\_\_\_ *Date*

**For CES Use**

\_\_\_\_\_  
Results Advisor                      \_\_\_\_\_  
Date                      \_\_\_\_\_  
Action Plan Date                      \_\_\_\_\_  
Work Order #

By signing above, I authorize CES to remove my “Get Rid of It!” inventory and pay AWS the amount indicated above. I also agree that, in the event that items are added to the above list, additional costs may result. I will be notified of any pricing changes required and will agree to pay any additional costs before CES completes the removal.



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	Quantity	Size	Form * (check)	Chemical Name
21			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
22			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
23			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
24			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
25			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
26			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
27			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
28			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
29			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
30			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
31			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
32			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

Notes:

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Client Name: \_\_\_\_\_

Client Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**For CES Use**

Solutions Sales Manager \_\_\_\_\_ Date \_\_\_\_\_ Action Plan Date \_\_\_\_\_ Work Order # \_\_\_\_\_

	Quantity	Size	Form * (check)	Chemical Name
33			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
34			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
35			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
36			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
37			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
38			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
39			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
40			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
41			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
42			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
43			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
44			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
45			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
46			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
47			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
48			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
49			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
50			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
51			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	
52			<input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> G	

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**Our mission is to ensure no waste is ever wasted.**