

Off-Site Treatment of Medical or Biological Waste

OFF-SITE

#	Date of Shipment	No. of Containers	Quantity (weight or volume)	Type of Waste*	Name of Transporter	Transporter ID No.	Name/Signature Responsible Person	Shipping Papers?	Tracking Form?
1									
2									
3									
4									
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22									
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24									
25									

<p>* Type</p> <p>1 = Pathological waste - solid 2 = Infectious agents</p>	<p>3 = Animal waste - solid 4 = Sharps</p>
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