

# On-Site Treatment of Medical or Biological Waste

**ON-SITE**

#	Date	Quantity (weight or volume)	Type of Waste*	Trx Method (Chemical or Autoclave)	Name	Signature	Dept	QC
1								
2								
3								
4								
5								
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24								
25								

<p><b>* Type</b></p> <p>1 = Blood/blood product 2 = Pathological waste - liquid</p> <p>3 = Animal waste - liquid 4 = Biotech byproducts</p>
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