MEDICAL WASTE TRACKING DOCUMENT

GENERATOR: _____

HAULER: _____

WASTE TYPE: _____

QUANTITY: _____

DATE: _____

RECEIVING FACILITY

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

AUTHORIZED REPRESENTATIVE SIGNATURE: _____

THIS DOCUMENT MUST BE MAINTAINED FOR THREE (3) YEARS

Other types of tracking documents may be used if desired. This form is provided as a guideline. Ideally, a three part form should be used so that all parties (the generator, the hauler, and the receiving facility) will have a copy.