



# MEDICAL WASTE TRACKING DOCUMENT

DTSC Hazardous Waste Transporter #5948

Date: \_\_\_\_\_

TRACKING NO#: \_\_\_\_\_

**FACILITY:**

Co Name: _____	Address: _____
Contact: _____	City: _____
Phone: _____	State: _____ Zip: _____

**TRANSPORTER 1:**

\_\_\_\_\_  
 \_\_\_\_\_

**TRANSPORTER 2 (If Applicable):**

\_\_\_\_\_  
 \_\_\_\_\_

**TRANSFER STATION:**

\_\_\_\_\_  
 \_\_\_\_\_

**ALTERNATE TRANSFER STATION:**

\_\_\_\_\_  
 \_\_\_\_\_

<b>Date Arrived:</b> _____	<b>Accepting Waste:</b> _____	<b>Date Arrived:</b> _____	<b>Accepting Waste:</b> _____
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**SHIPPING INFORMATION:** (Treatment Code: I= Incineration, M=Microwave, A=Autoclave)

Description/Waste Type	Cont. Type	Count	Est. Wt.	Actual Wt.	Treatment
Bio/Sharps					
Path					
Chemo					
Animal					
Pharm. Waste					
Confidential Records					
Other/					
<b>TOTALS</b>					

**FACILITY REPRESENTATIVE:**

*This is to certify that the materials described above are properly classified, packaged, marked and labeled and are in proper condition for transportation in accordance with the applicable regulations of the United States Department of Transportation and the State of California.*

**SIGNATURE OF AUTHORIZED FACILITY REPRESENTATIVE:**

X \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF AUTHORIZED TRANSPORTER 1:**

<b>Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
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**SIGNATURE OF AUTHORIZED TRANSPORTER 2:**

<b>Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
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**DISPOSAL FACILITY:**

<b>Name:</b> _____	<b>Signature:</b> _____	<b>Date:</b> _____
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