



# 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> _____ |
|----------------------------|-------------------------------|----------------------------|-------------------------------|

**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> _____ |
|--------------------|-------------------------|--------------------|

**SIGNATURE OF AUTHORIZED TRANSPORTER 2:**

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

**DISPOSAL FACILITY:**

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