



# Medical /Biohazardous Waste Accumulation Log

Container No. \_\_\_\_\_ Building: \_\_\_\_\_ Room: \_\_\_\_\_

**BY SIGNING BELOW I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THIS MEDICAL WASTE IS FREE OF BOTH REGULATED QUANTITIES OF HAZARDOUS MATERIALS AND RADIOACTIVE CONTAMINATION.**

<b>Date Waste Added</b>	<b>Waste Generator (Signature)</b>	<b>Employee ID Number</b>	<b>Medical Waste Description (Culture dishes, pipettes, sharps containers, carcasses, etc.)</b>	<b>Number of Bags or Sharps Containers</b>

