Medical Waste Form 701

AUBURN UNIVERSITY MEDICAL WASTE INTERNAL MANIFEST
--FOR MATERIALS NOT CONTAINING RADIOACTIVE OR HAZARDOUS WASTE PRODUCTS--

Generator

Department ______________________ Room and Building ______________________

Phone ______________________ Date ______________________

Total Number of Containers ______________________

Waste Description __________________________________________________________

Total Number of Containers _________________ Estimated Total Weight _____________

Check one and sign certification:

Human Disease Agent □

All sharps and other waste materials have been properly packaged and treated in an autoclave operated in accordance with applicable ADEM regulations. This material does not contain hazardous or radioactive waste that would require additional treatment.

Non-Human Disease Agent □

All sharps and other waste materials have been properly packaged and are not a possible threat to the environment. This material does not contain hazardous or radioactive waste that would require additional treatment.

Additional Information. Please Print. _____________________________________________

________________________________________

Certification

I certify that the contents of this consignment have been packaged and treated in accordance the applicable management standards for the type of waste generated.

Print Name and Date ______________________

Signature __________________________________________