

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 _____