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 or Not Autoclaved □

All sharps and other waste materials have been properly packaged according to applicable ADEM regulations. This material does not contain hazardous or radioactive waste that would require additional treatment.

Non-Human Disease Agent or Autoclaved □

All sharps have been autoclaved, are 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 ____________________________