

## MEDICAL WASTE TRACKING DOCUMENT

GENERATOR: \_\_\_\_\_

HAULER: \_\_\_\_\_

WASTE TYPE: \_\_\_\_\_

QUANTITY: \_\_\_\_\_

DATE: \_\_\_\_\_

### RECEIVING FACILITY

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

AUTHORIZED  
REPRESENTATIVE  
SIGNATURE: \_\_\_\_\_

THIS DOCUMENT MUST BE MAINTAINED FOR THREE (3) YEARS

Other types of tracking documents may be used if desired. This form is provided as a guideline. Ideally, a three part form should be used so that all parties (the generator, the hauler, and the receiving facility) will have a copy.