

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

Medical or Biological Waste Record-Keeping Log OFF-SITE TREATMENT

Facility Name & Address: _____

In accordance with M.G.L. c. 111 §§ 3, 5, and 127A and 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII), generators of medical or biological waste, which is shipped off-site for treatment, shall maintain a current record-keeping log with the following information: the exact date of shipment; the total number of containers; the type of waste; the total combined weight or volume; the name of the transporter with transporter identification number (if applicable); the verification (via check box) of shipping papers generated with receipt of corresponding tracking forms for each shipment; and the printed name and signature of the person responsible for shipping the waste.

Date	Containers	Type	Weight or Volume	Transporter	ID # (if applicable)	Please Check:		Printed Name
						Shipping Paper	Tracking Form	Signature
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	
						<input type="checkbox"/>	<input type="checkbox"/>	