

Hazardous & Infections Wastes Received for Treatment/Disposal at MassDEP/WES

Contact Name and Phone Number: \_\_\_\_\_

Originating MassDEP Program, Regional Office, or Agency: \_\_\_\_\_

Waste Description & Amount:

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Signature of Person Delivering \_\_\_\_\_ Date \_\_\_\_\_

Signature of Person Receiving \_\_\_\_\_ Date \_\_\_\_\_

☐ A copy of this form is provided to the MassDEP Program (Very Small Quantity Generators)

Processed of the Received Hazardous/Infections Wastes: (check all the applies)

☐ Placed on the shelf in the hazardous waste storage room

☐ Added to WES RCRA bins in WES's laboratory

☐ Added to liquid drums in hazardous waste storage room

☐ Autoclaved and trashed

☐ Other (describe):

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