

Biohazardous Waste Transportation Manifest

Manifest No.

Date

Time

Generator Information

Facility Name	
Address	
Contact Name	
Phone	

Transporter Information

Transporter Company	
Driver Name	
Vehicle/License Plate	
Phone	

Waste Description

Type of Waste	
Number of Containers	
Container Type (e.g., box, drum)	
Total Weight (kg)	

Destination Facility

Facility Name	
Address	
Contact Name	
Phone	

Generator Signature

Date

Transporter Signature

Date

Receiver Signature

Date

