

Ship Medical Waste Disposal Documentation

Ship Name: _____

IMO Number: _____

Date of Disposal: _____

Port/Location: _____

Responsible Officer Name & Rank: _____

Receiving Facility Name: _____

Medical Waste Details

Type of Waste	Quantity	Unit	Container Description	Remarks

Signature of Responsible Officer: _____

Signature of Receiving Facility Representative: _____

Date & Time: _____