Medical Facility Hazardous Waste Declaration Form

Medical Facility Information

Facility Name

Address

Contact Person

Phone Number

Hazardous Waste Details

Type of Waste	Quantity (kg/liters)	Container Type	Storage Location

Date of Waste Generation

Transporter (if applicable)

Final Disposal Method

Additional Comments

Declaration

I declare that the information provided above is accurate and complete to the best of my knowledge.

Authorized Personnel Signature

Date