

# Biomedical Waste Transfer Record

Date of Transfer

Transfer Time

Record Number

Facility Name

Department / Unit

Contact Person

Location

Receiving Agency

Transport Vehicle No.

## Waste Details

Category/Type	Container/Bag No.	Color Code	Quantity (kg/L)	Remarks

Additional Notes

Transferred By (Name & Signature)

Received By (Name & Signature)

Date & Time