

Biohazard Medical Waste Transport Declaration

GENERATOR INFORMATION

Facility Name

Address

City

State

Zip Code

Contact Person

Phone

TRANSPORTER INFORMATION

Company Name

Driver's Name

Vehicle ID

Phone

WASTE DESCRIPTION

Type of Waste

Total Quantity (weight/volume)

Number of Containers

Container Type

Additional Notes

CERTIFICATION & SIGNATURES

Generator Signature

Date

Transporter Signature

Date