

Date: _____ Department: _____
(Please Print)

In Sections (A) and (B) below please indicate the quantity of each container submitted for disposal.

Section (A): Biohazard Disposal Container (Lined with a sealed/tied red biohazard bag)

_____ **Cardboard Box**
 _____ **Plastic Tub (28 Gallon)**
 _____ **Other (Please describe):** _____

Section (B): Sharps Safes (containing contaminated glass, needles, syringes, scales, etc.)

_____ **Large (4.7 qt)**
 _____ **Medium (1.7 qt)**
 _____ **Small (0.7 qt)**
 _____ **Wall Mounted (5.4 qt)**
 _____ **Other Puncture Resistance Container (Please Describe):** _____

This infectious waste was autoclaved prior to placement in Biohazard bags: ☐ Yes ☐ No

Section (C): Characterization of Biohazardous Waste

☐ **Cultures/Stocks of Infectious Agents and associated biologicals, including:**

☐ Laboratory Wastes ☐ Discarded live and attenuated vaccines
☐ Biological Production waste ☐ Culture Dishes
☐ Other (Please Specify) _____

☐ **Liquid** human and animal waste, including

☐ Blood and blood products
☐ Other body fluids (Please specify) _____

☐ **Pathological Waste:** (i.e. human organs, tissues, body parts other than teeth, products of conception, and fluids removed by trauma or surgery, autopsy or other medical procedure).

☐ **Contaminated wastes from animals** that have been exposed to agents infectious to humans (research animals).

Please identify infectious agent (s): _____

This infectious waste was autoclaved prior to placement in biohazard bags: ☐ Yes ☐ No

Generator Declaration: I hereby certify that; each transferred container in Section (A) above is lined with a bag that has been sealed/tied. Biohazardous waste meeting the "sharps" definition in Section (B) has been placed in a sharps safe or puncture resistant container. Biohazardous waste identified in Section (C) above is accurate to the best of my knowledge and that the waste has been properly contained in a biohazard bag.

I authorized the Office of EH&S to JV the cost for proper transportation and disposal of this biohazardous waste to Fund Number _____.

JV will be processed once a year prior to Fiscal Year-End

Signature: _____

Date: _____