

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Medical or Biological Waste Record-Keeping Log
OFF-SITE TREATMENT

Facility Name & Address: _____

In accordance with M.G.L. c. 111 §§ 3, 5, and 127A and 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII), generators of medical or biological waste, which is shipped off-site for treatment, shall maintain a current record-keeping log with the following information: the exact date of shipment; the total number of containers; the type of waste; the total combined weight or volume; the name of the transporter with transporter identification number (if applicable); the verification (via check box) of shipping papers generated with receipt of corresponding tracking forms for each shipment; and the printed name and signature of the person responsible for shipping the waste.

| Date | Containers | Type | Weight or Volume | Transporter | ID# (if applicable) | Please Check: | | Printed Name |
|------|------------|------|------------------|-------------|---------------------|--------------------------|--------------------------|--------------|
| | | | | | | Shipping Paper | Tracking Form | Signature |
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MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
Medical or Biological Waste Record-Keeping Log
ON-SITE TREATMENT

| Facility Name & Address: _____ | | | | | | | | | | |
|---|----------|------|------------------|--------------------|----------|------|----|---------|--------------|------------|
| <p>In accordance with M.G.L. c. 111 §§ 3, 5 and 127A and 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code, Chapter VIII), generators of medical or biological waste, which is treated on-site shall maintain a current record-keeping log with the following information: the exact date of treatment; the quantity of waste treated; the type of waste; the on-site treatment method with documentation of applicable process parameters, including but not limited to time, pressure, temperature and pH; the printed name and signature of the person responsible for treatment; and the quality control (QC) / challenge testing results (growth/no growth), when applicable.</p> | | | | | | | | | | |
| Date | Quantity | Type | Treatment Method | Process Parameters | | | | | Printed Name | QC Results |
| | | | | Time | Pressure | Temp | pH | (Other) | Signature | |
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