MEDICAL WASTE STORAGE AREA BAS/RAS/CLINIC TURN-IN LOG

Building #

					Building #					
On Site Storage Requirements					Transport (Pick Up) Log					
Date containers were stored by Unit	Sharps Containers # of	Bio- Bags # of	Person delivering M/Waste to Storage site (Signature)	Person delivering M/Waste to Storage site (Print Name)	Building # MW transported to	Person Receiving M/Waste (Signature)	Person Receiving M/Waste (Printed Name)	Sharps Container # of	Bio- Bags # of	Date M/Waste is Received