

Name: \_\_\_\_\_ 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):** \_\_\_\_\_

**Section (C): Characterization of Biohazardous Waste**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Laboratory Wastes            | <input type="checkbox"/> Discarded live and attenuated vaccines |
| <input type="checkbox"/> Biological Production waste  | <input type="checkbox"/> Culture Dishes                         |
| <input type="checkbox"/> 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 or chemo-therapeutic agent (s):** \_\_\_\_\_

**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: \_\_\_\_\_