

MACOMB COUNTY COMMUNITY MENTAL HEALTH REGULATED MEDICAL WASTE MANAGEMENT LOG

SITE _____

REGISTRATION # _____

CONTACT _____

DATE/TIME OF PICKUP	NUMBER OF CONTAINERS	RELEASED BY Signature
NAME OF MEDICAL WASTE HAULER		CERTIFICATE OF DESTRUCTION RECEIVED DATE
SAFETY INSPECTOR REVIEW (DATE, FINDINGS, SIGNATURE)		
DATE/TIME OF PICKUP	NUMBER OF CONTAINERS	RELEASED BY Signature
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COMMENTS: _____
