

YEAR:

Medical Waste Collection Tracking Log Collected by Medical Building Personnel

California Health and Safety Code § 117915 - 117946 permits associated medical/hospital buildings to collect and haul for accumulation, treatment and disposal of appropriately contained biohazard and sharps waste generated by their tenant clinics. Please complete the information below and keep this record on site for at least three (3) years.

| |
|--|
| Name, Address & Telephone Number of Medical/Hospital Building Administration who collects the medical from the tenant clinics: |
| Name & Address of Registered Waste Hauler contracted with the Medical/Hospital Building Administration: |
| Telephone & Registration number of the Medical Building's Registered Waste Hauler: |
| Name, Address & Telephone Number of the Provider/Clinic (tenant) where the medical waste is generated and collected from: |

In each respective box below, clinic personnel shall document their initials and the number of biohazard and sharp waste containers collected by the medical building personnel during collection days. Clinic personnel shall initial and sign the bottom of this form for proper identification.

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | |
| 29 | | | | | | | | | | | | |
| 30 | | | | | | | | | | | | |
| 31 | | | | | | | | | | | | |

Staff Signature / Initials:

Print Staff Name: _____ Staff Signature: _____ Initials: _____

Print Staff Name: _____ Staff Signature: _____ Initials: _____

Print Staff Name: _____ Staff Signature: _____ Initials: _____