



Quarterly Health Care Waste Report (Transporter, Treater and Disposer)

Facility Name	<input type="text"/>
Registration Number	<input type="text"/>
Owner/Senior Manager Name	<input type="text"/>
Reporting Date	<input type="text"/>
Reporting Quarter	<input type="text"/>

REPORT PER WASTE CATEGORY

INFECTIOUS WASTE

IW - Transported this Quarter	<input type="text"/>
IW - Treated this Quarter	<input type="text"/>
IW - Disposed this Quarter	<input type="text"/>
IW - Unit of Measure	<input type="text"/>
IW - Treatment Method	<input type="text"/>
IW - Transporter	<input type="text"/>
IW - Treatment Facility	<input type="text"/>
IW - Disposal Facility	<input type="text"/>

PATHOLOGICAL WASTE

PW - Transported this Quarter	<input type="text"/>
PW - Treated this Quarter	<input type="text"/>
PW - Disposed this Quarter	<input type="text"/>
PW - Unit of Measure	<input type="text"/>
PW - Treatment Method	<input type="text"/>
PW - Transporter	<input type="text"/>
PW - Treatment Facility	<input type="text"/>
PW - Disposal Facility	<input type="text"/>

SHARP WASTE

SW - Transported this Quarter	<input type="text"/>
SW - Treated this Quarter	<input type="text"/>
SW - Disposed this Quarter	<input type="text"/>
SW - Unit of Measure	<input type="text"/>
SW - Treatment Method	<input type="text"/>
SW - Transporter	<input type="text"/>
SW - Treatment Facility	<input type="text"/>
SW - Disposal Facility	<input type="text"/>

PHARMACEUTICAL WASTE

PH W - Transported this Quarter	<input type="text"/>
PH W - Treated this Quarter	<input type="text"/>
PH W - Disposed this Quarter	<input type="text"/>
PH W - Unit of Measure	<input type="text"/>
PH W - Treatment Method	<input type="text"/>
PH W - Transporter	<input type="text"/>
PH W - Treatment Facility	<input type="text"/>
PH W - Disposal Facility	<input type="text"/>

GENOTOXIC WASTE

GW - Transported this Quarter	<input type="text"/>
GW - Treated this Quarter	<input type="text"/>
GW - Disposed this Quarter	<input type="text"/>
GW - Unit of Measure	<input type="text"/>
GW - Treatment Method	<input type="text"/>
GW - Transporter	<input type="text"/>
GW - Treatment Facility	<input type="text"/>
GW - Disposal Facility	<input type="text"/>

CHEMICAL WASTE

CW - Transported this Quarter	<input type="text"/>
CW - Treated this Quarter	<input type="text"/>
CW - Disposed this Quarter	<input type="text"/>
CW - Unit of Measure	<input type="text"/>
CW - Treatment Method	<input type="text"/>
CW - Transporter	<input type="text"/>
CW - Treatment Facility	<input type="text"/>
CW - Disposal Facility	<input type="text"/>

HEAVY METAL WASTE

HMW - Transported this Quarter	<input type="text"/>
HMW - Treated this Quarter	<input type="text"/>
HMW - Disposed this Quarter	<input type="text"/>
HMW - Unit of Measure	<input type="text"/>
HMW - Treatment Method	<input type="text"/>
HMW - Transporter	<input type="text"/>
HMW - Treatment Facility	<input type="text"/>
HMW - Disposal Facility	<input type="text"/>

PRESSURISED CONTAINER WASTE

PCW - Transported this Quarter	<input type="text"/>
PCW - Treated this Quarter	<input type="text"/>
PCW - Disposed this Quarter	<input type="text"/>
PCW - Unit of Measure	<input type="text"/>
PCW - Treatment Method	<input type="text"/>
PCW - Transporter	<input type="text"/>
PCW - Treatment Facility	<input type="text"/>
PCW - Disposal Facility	<input type="text"/>

GENERAL WASTE

GNW - Transported this Quarter	<input type="text"/>
GNW - Treated this Quarter	<input type="text"/>
GNW - Disposed this Quarter	<input type="text"/>
GNW - Unit of Measure	<input type="text"/>
GNW - Treatment Method	<input type="text"/>
GNW - Transporter	<input type="text"/>
GNW - Treatment Facility	<input type="text"/>
GNW - Disposal Facility	<input type="text"/>

RADIOACTIVE WASTE

RW - Transported this Quarter	<input type="text"/>
RW - Treated this Quarter	<input type="text"/>
RW - Disposed this Quarter	<input type="text"/>
RW - Unit of Measure	<input type="text"/>
RW - Treatment Method	<input type="text"/>
RW - Transporter	<input type="text"/>
RW - Treatment Facility	<input type="text"/>
RW - Disposal Facility	<input type="text"/>

I hereby certify to the best of my knowledge and belief that the information submitted in this form is true and complete and that the amounts and values reflected in this form are accurate based on data available to those who have completed this form.

