



Public Health
 Environmental Health Services
MEDICAL WASTE TRACKING DOCUMENT



TRACKING DOCUMENT
GENERAL INFORMATION

This tracking document is to be completed and maintained by the generator for all medical waste removed for consolidation or treatment. Tracking documents must include all information as explained under the Limited Quantity Hauling Exemption (LQHE) requirements pursuant to Section 118030 of the Medical Waste Management Act. The tracking document must be prepared in duplicate. **The original must remain with the receiving facility.** You may use this form to document the transport of medical waste or you can develop your own.

A current LQHE must be approved by this department if your facility is a medical waste generator transporting its own medical waste to an authorized receiving facility in the County of San Bernardino for consolidation, treatment, or disposal.

GENERATING FACILITY

Name [REDACTED]		Phone Number [REDACTED]	
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]

Type(s) of Medical Waste Hauled	Weight in Pounds
(1) [REDACTED]	[REDACTED]
(2) [REDACTED]	[REDACTED]
(3) [REDACTED]	[REDACTED]

Name of Person Hauling Waste [REDACTED]	Title [REDACTED]
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Date Medical Waste is Transported: [REDACTED]

RECEIVING FACILITY

Name [REDACTED]		Permit # (if a State permitted facility) [REDACTED]	
Address [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Phone Number [REDACTED]	Permit # [REDACTED]	Date Medical Waste is Received: [REDACTED]	
Contact Person [REDACTED]	Title [REDACTED]		

SIGNATURE

I hereby certify to the best of my knowledge and belief that the statements made herein are complete and accurate.

Signature of Receiving Facility Authorized Representative [REDACTED] X	Date [REDACTED]
Print Name [REDACTED]	Title [REDACTED]