

CONTROLLED SUBSTANCE WASTE TRACKING DOCUMENT

School Site / Generator: _____ Date: _____

Generator Site Address: _____

Site Contact / Staff List: _____ Contact Phone: _____

Emergency Response Telephone Number: (619) 291-7678 UPF Permit Number: N/A

Consolidation / Receiving Facility Site Address: School Police Services

Days at site (circle) M T W T F Hours _____ to _____

| Number of Containers | CONTROLLED SUBSTANCES ONLY | Total Quantity |
|----------------------|-----------------------------------|----------------|
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Generator's Certification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. This site generates less than 20 pounds of medical waste per week and compliant with all the requirements of California Health & Safety Code Section 118030.

| Site Staff Printed / Typed Name | Signature | Date |
|---------------------------------|-----------|------|
| | | |

| Transporter Printed / Typed Name | Signature | Date |
|----------------------------------|-----------|------|
| | | |

| Receiving Facility Printed / Typed Name | Signature | Date |
|---|-----------|------|
| | | |

Please send via email pdispatch@sandi.net or school mail Attn: School Police or by fax (619) 725-7169