

PHARMACEUTICAL WASTE TRACKING DOCUMENT

School Site / Generator: _____ Date: _____

Generator Site Address: _____

Site Contact / Staff List: _____ Contact Phone: _____

Emergency Response Telephone Number: _____ UPF Permit Number: 114087

Consolidation / Receiving Facility Site Address: 2351 Cardinal Lane, San Diego, CA 92123

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

Number of Containers	Type of Pharmaceutical Waste	Total Quantity

For additional types of pharmaceuticals, please provide an attached list.

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 safetyoffice@sandi.net or school mail Attn: EHS Office or by fax (858) 573-5710

