SMALL GENERATOR OF INFECTIOUS WASTE LOG

Facility: _____

Name: _____ Phone No. _____

Address: _____

Date of Filled Container Disposal	Container #	Weight (Container & Contents)	Subtract Weight of Empty Container	TOTAL Weight of sharps
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=
			_____ounces	=