

Treated Infectious Waste Certificate

Generator/Treatment Facility Name _____

Address _____

Mailing Address _____

Telephone _____

Waste Description

____ Sharps in metal containers

____ Sharps in heavy gauge plastic containers

____ Incinerator ash

____ Laboratory wastes in autoclave bags

____ Other (please specify) _____

Treatment Method

____ Steam sterilization

____ Incineration

____ Chemical Sterilization

____ Other (please specify) _____

Certification

I certify that the aforesaid infectious waste has been managed in accordance with the Missouri Solid Waste Management Law and respective rules and that it may now legally be placed in a sanitary landfill.

Generator/Treatment Facility Manager, Officer or Agent (please print)

Signature

Date

Notice: This form was designed by the Missouri State Medical Association, the Missouri Dental Association, the Missouri Association of Osteopathic Physicians and Surgeons, the Missouri Hospital Association, and the Missouri Veterinary Medical Association to comply with Section 260.203 RSMo. (Supp. 1988) of the Missouri Solid Waste Management Law and revised in February 2014. It may not meet requirements of local solid waste treatment requirements.