

BIOMEDICAL WASTE GENERATOR REGISTRATION FORM

Name _____ Phone _____
 Department _____ Generation Site: _____
 Storage Location: _____ Type of Facility: Clinic Lab Other
 Online Biomedical Waste Training Completed: Yes No Date of Completion: _____

Biomedical Waste Description

Human Anatomical Waste

- Quantity per month _____ lbs
- Storage _____ red bag _____ red container

Animal Waste

- Quantity per month _____ lbs
- Storage _____ red bag _____ red container

Microbiology/Biotechnology Waste

- Quantity per month _____ lbs
- Storage _____ red bag _____ red container

Waste Sharps

- Quantity per month _____ lbs
- Storage _____ red bag _____ red container

Solid Infectious Waste

- Quantity per month _____ lbs
- Storage _____ red bag _____ red container

1. Have you designated a safe and secure location for the temporary storage of biohazardous/biomedical waste in your laboratory? YES NO

2. Describe how access will be controlled to areas where biohazardous/biomedical materials will be used or stored?

The undersigned generator agrees to operate the biomedical waste generating facility described in this form in accordance with the Florida Administrative Code 64E-16. The information contained in this application is true and correct, and must be submitted annually. Biomedical waste shall be handled in accordance to the FIU Biomedical Waste Plan in compliance with F.A.C. 64E-16.

 Generator name (print) Generator Signature Date

Fax completed form to the Biosafety Officer at (305) 348-3574

EH&S USE ONLY			
EH&S Registration #	Date Received	Date Issued	Expiration Date