



**BIOMEDICAL WASTE**

**CATEGORY OF WASTE**

- 1-  HUMAN ANATOMICAL WASTE
- 2-  ANIMAL ANATOMICAL WASTE
- 3-  HON-ANATOMICAL WASTE
- SHARP OBJECTS

**GENERATOR**

NAME OF ESTABLISHMENT OR FIRM NAME:

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

TELEPHONE NO. OF PERSON IN CHARGE: \_\_\_\_\_