

## SCHEDULE I

### Annual report of the biomedical waste generator who treats biomedical waste on the generation site

Section 15 of the *Regulation respecting biomedical waste*

Reference year

GENERATOR	
Name of the establishment	
Address	
City or town	Postal code

PERSON IN CHARGE		
Name	Given name	
Title		
Email address	Telephone number	Extension
Signature	Date	

TREATMENT EQUIPMENT ON SITE	
<input type="checkbox"/> Incineration treatment equipment	Treatment capacity _____kg/h
<input type="checkbox"/> Disinfection treatment equipment	Treatment capacity _____kg/h

CATEGORY 1- HUMAN ANATOMICAL WASTE		
Total quantity generated		kg
Total quantity incinerated on site		kg
Total quantity shipped out	Name and address of carrier	Name and address of recipient
kg		
kg		

CATEGORY 2- ANIMAL ANATOMICAL WASTE		
Total quantity generated		kg
Total quantity incinerated on site		kg
Total quantity shipped out	Name and address of carrier	Name and address of recipient
kg		
kg		

CATEGORY 3- BIOMEDICAL WASTE CONTAMINATED BY CYTOTOXIC AGENTS OR MEDICATIONS		
Total quantity generated		kg
Total quantity incinerated on site		kg
Total quantity shipped out	Name and address of carrier	Name and address of recipient
kg		
kg		

CATEGORY 4- NON-ANATOMICAL WASTE		
Total quantity generated		kg
Total quantity incinerated on site		kg
Total quantity disinfected on site		kg
Total quantity shipped out	Name and address of carrier	Name and address of recipient
kg		
kg		