SAN MATEO COUNTY
ENVIRONMENTAL HEALTH DIVISION

MEDICAL WASTE MANAGEMENT PROGRAM
LIMITED QUANTITY HAULING EXEMPTION
MEDICAL WASTE TRACKING DOCUMENT

(sample only)

GENERATOR:_____

Address:_____

Telephone No.:_____Permit No.:_____

Name of person transporting waste:_____

Name of receiving facility:_____
Address of receiving facility:_____
Telephone No. of receiving facility:_____

Name of treatment facility:_____
Address of treatment facility:_____
Telephone No. of treatment facility:_____

TRANSPORT LOG

Type of medical waste	Quantity	Weight	Signature of authorized representative for receiving facility	Date

In addition to this tracking document, a copy of the permit for the Limited Quantity Hauling Exemption and a list of those persons authorized to transport medical waste must be in the employee's possession at all times while transporting medical waste