

Stericycle Hazardous Materials Shipping Manifest Instructions

A pre-signed manifest is now at your disposal. If completed, this will eliminate the necessity for your signature during your scheduled medical waste pickup by Stericycle. Please only complete the designated text fields below.

- **Boxes marked red are for Stericycle use only** and should not be filled in.
- **Date:** date of the scheduled pickup.
- **Customer Location:** building and room number of the pickup.
- **Account numbers:** 3001042---. This can be found on your Stericycle QR code after Ship To.
- **Container Type:** TB01 (gray bin), US43 (fiberboard box), Sharps (only sharps container should be listed that will not fit into a TB01 or US43).
- **Quantity:** total number of each type of container that is ready (completely closed container, with dated barcode attached) for pickup.
Ex: TB01 5
US43 3
Sharps 1
- **Print/Type Name & Blazer ID:** please print name and Blazer ID.
- **Authorized Signature:** please sign the form.

Only personnel who have taken Medical Waste Management for Labs should fill out this form.

Email a copy to EH&S at medwaste@uab.edu.

Print a copy to put with your medical waste containers.

If you have questions, please contact EHS at 934-2487.

Hazardous Material Shipping Document

Date* _____

Customer _____
Location _____

Account #

300

Customer Regulatory # _____

Regulated Medical Waste
6.2, UN3291, PGII

Emergency: 1-800-234-0051

Stericycle Customer Service Records		
Container Type	Quantity	Vol./Wt

Product Delivery Record	
Prod. Type	Quantity

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the department of transportation.

Print/Type Name & Blazer ID* _____
Authorized Signature* _____

* Required field

For Stericycle use only

Stericycle, Inc.

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