**Clinical Waste Collection Record Form**

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| **Drivers:** |  |
| **Route:** |  |
| **Date:** |  |

Use new line for each type of waste and each station.

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| **DATE** | **TYPE OF WASTE**  (e.g. clinical waste bag red/yellow/other, sharps waste,) | **COLOUR/SIZE OF BAG** | **NUMBER OF BAGS** | **NAME OF STATION** | **NAME OF PERSON HANDING OVER CLINICAL WASTE**  **(when available)** |
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