

BIO Form – 9
[See rule 7(4)]
-MEDICAL WASTE MANIFEST
(Information of Bio-Medical Waste for disposal)

1. Occupier's Name & Mailing Address: (including Phone No.)		2. Occupier's Registration No. 3. Manifest Document No.			
4. Transporter's Name & Address		5. Type of Vehicle: Truck Tanker Special Vehicle	6. Transport's Registration No. 7. Vehicle Registration No.		
8. Designated Facility Name & Site Address:		9. Facility's Registration No.			
		10. Facility's Phone			
11. Waste Description:		12. Total Quantity of Waste			
		13. Colour code No. of Bags Wt. Yellow Red Blue/White Black			
14. Transport Description	15. Containers		16. Total Quality	17. Unit Wt. / Vol.	18. Waste Category No.
	No	Type			
19. Special Handling Instruction & Additional Information:					
20. OCCUPIER'S CERTIFICATE: I hereby declare that the contents of the consignment are fully and accurately described above by proper shipping name and are categorized, packed, marked and labeled, and are in the respects in proper condition for transport by road according to applicable national government regulations.					
Type Name & Stamp		Signature	Month	Day	Year
21. Transporter's Acknowledgement of Receipt of Materials					
Type Name & Stamp		Signature	Month	Day	year
22. Discrepancy Note Space					
23. Facility Owner or Operator's Certification of Receipt of Bio-Medical Waste					
Type Name & Stamp		Signature	Month	Day	year

