

# SVM Generators Biological/Medical Waste Information



**Principal Investigator (PI) or Responsible Party (RP) Name and Department**

**PI/RP Contact Information**

**Emergency Contact Information**

**Lab Location(s)**

**Type(s) of Medical Waste Generated**

**Medical Waste Generators/Handlers**

**Potentially Infectious Material(s) Used**

**Medical Waste Accumulation Site (MWAS) Location**

**Medical Waste Accumulation Site Contact Information**

Date: \_\_\_\_\_

PI/Chairperson: \_\_\_\_\_