## Infectious Waste Management - LOG Vendor Pick-up for Transportation, Treatment, and Disposal

Generating Dental Facility			<u>Vendor</u>			
Facility Name:			Vendor Name:			
Street:			Street:			
City/State/Zip:			City/State/Zip:			
Phone:			Phone:			
Date Pick-Up	Initials by Staff	Initials by Vendor	Contents: Includ	Contents: Includes Sharps, Potential Sharps, Blood/Saliva soaked Gauze and Cotton Rolls, plus:		
		1				