

Stericycle Hazardous Materials Shipping Manifest Instructions

A pre-signed manifest is now available. If filled out, this replaces the need for your signature at the time of your scheduled medical waste pickup by Stericycle.

Fill out pre-signed manifest.

- The Date is the date of the scheduled pickup.
- The Customer Location is the building and room number of the pickup.
- Account numbers start with 8194138, followed by a dash, then your 3 digit site number. This can be found on your Stericycle barcode.
- The type of container is either a TB01 (gray bin) or US43 (fiberboard box).
- Please fill in the total number of each type of container that you have ready (completely closed container, with dated barcode attached) for pickup.
- A trained (BIO301L) person should print their name and Blazer ID, along with their signature, at the bottom.

Email a copy to EHS at medwaste@uab.edu.

Print a copy to put with your medical waste containers.

Save a copy for your own documentation.

If you have questions, please contact EHS at (205) 934-2487.

Hazardous Material Shipping Document # _____

Date* _____

Customer _____
Location _____

Account #

8194138-____

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.

1924 Joy Lake Road – Lake City, GA 30260 – Phone: (404)362-9090 – Fax: (404) 362-9726 – www.stericycle.com