



**Florida Department of Health in Sarasota County  
BIOMEDICAL WASTE GENERATOR LOG**



**NAME:** \_\_\_\_\_

**PERMIT NUMBER:** 58-64-\_\_\_\_\_

By Marking “N” in the “Pick Up” column, I state that no absorbent biomedical waste or full sharps containers is present which may require transport.

By Marking “Y”, I state there is documentation to show evidence of proper pick-up transport or ‘mail-away’ of generated biomedical waste

	Date	Weight [lbs/oz] generated	Pick Up or Mailed [Y/N]	Initial	Transported [by mail or P/U] Leave Blank if PickUp = N
October					
November					
December					
January					
February					
March					
April					
May					
June					
July					
August					
September					