



KUWAIT UNIVERSITY HEALTH SCIENCES CENTER

**Medical Waste Manifest Form**

Select your HSC Faculty or Facility

FOM

FOAHS

FOP

FOD

RCF

Department

Month/Year

Waste Production in L or Kg (Number Format: #.#.#)

| Day | Chemical   |            | Pharmaceutical |            | Biological |            | Decayed Radioactive |            | Dental     |            | Animal | Glassware | Expired Cell Batteries | Others     |            |
|-----|------------|------------|----------------|------------|------------|------------|---------------------|------------|------------|------------|--------|-----------|------------------------|------------|------------|
|     | Solid (Kg) | Liquid (L) | Solid (Kg)     | Liquid (L) | Solid (Kg) | Liquid (L) | Solid (Kg)          | Liquid (L) | Solid (Kg) | Liquid (L) | (Kg)   | (Kg)      | (Kg)                   | Solid (Kg) | Liquid (L) |
| 1   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 2   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 3   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 4   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 5   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 6   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 7   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 8   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 9   |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 10  |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 11  |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 12  |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |



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| Day          | Chemical   |            | Pharmaceutical |            | Biological |            | Decayed Radioactive |            | Dental     |            | Animal | Glassware | Expired Cell Batteries | Others     |            |
|--------------|------------|------------|----------------|------------|------------|------------|---------------------|------------|------------|------------|--------|-----------|------------------------|------------|------------|
|              | Solid (Kg) | Liquid (L) | Solid (Kg)     | Liquid (L) | Solid (Kg) | Liquid (L) | Solid (Kg)          | Liquid (L) | Solid (Kg) | Liquid (L) | (Kg)   | (Kg)      | (Kg)                   | Solid (Kg) | Liquid (L) |
| 13           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 14           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 15           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 16           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 17           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 18           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 19           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 20           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 21           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 22           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 23           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 24           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 25           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 26           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 27           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 28           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 29           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 30           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| 31           |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |
| <b>TOTAL</b> |            |            |                |            |            |            |                     |            |            |            |        |           |                        |            |            |

Department Chief Technician or Department in-Charge Name and Signature .....