# Treated Infectious Waste Disposal Paper

OAC Rule 3745-27-33

| Treatment Facility Information | | |
|---|---|---|
| **Facility Name** | | |
| **Address** | | |
| **City** | **State** | **Zip Code** |
| **Contact Person** | | **Phone** |
| **Generator/Certification Number** | | |

Treatment Facility Certification: This is to certify that the infectious wastes in this shipment to which this disposal paper pertains have been treated in accordance with paragraph (A) of rule 3745-27-32 of the Ohio Administrative Code.

| Print Name | Signature | Date |
|---|---|---|

| Transporter Acknowledgement of Pick-up | | |
|---|---|---|
| Print Name | Signature | Date |

| Disposal Facility Information | | |
|---|---|---|
| **Facility Name** | | |
| **Address** | | |
| **City** | **State** | **Zip Code** |
| **Contact Person** | | **Phone** |

| Print Name | Signature | Date |
|---|---|---|