

Date: [Insert Date]

To: [Insert Facilities Management / Waste Disposal Contractor Name]

From: [Insert Principal Investigator or Lab Manager Name]

Department: [Insert Department Name]

Location/Room Number: [Insert Room Number and Building]

BIOHAZARDOUS WASTE DISPOSAL CLEARANCE LETTER

This letter serves as formal certification that the biohazardous waste materials located at the aforementioned site have been properly treated, packaged, and labeled in accordance with [Insert Local/State/Federal] regulations and institutional safety protocols.

Clearance Details:

- **Type of Waste:** [e.g., Sharps, Solid Cultures, Liquid Waste]
- **Decontamination Method:** [e.g., Autoclave, Chemical Disinfection, Incineration]
- **Number of Containers:** [Insert Quantity]
- **Weight (if applicable):** [Insert Weight]

I hereby certify that:

1. The waste contains no active infectious agents or biological hazards that pose a risk to personnel or the environment.
2. No radioactive materials or hazardous chemical wastes are mixed within this biological waste stream.
3. All containers are puncture-resistant, leak-proof, and properly sealed for transport.

In the event of an emergency or for further clarification, please contact [Insert Contact Name] at [Insert Phone Number].

Authorized Signature: _____

Printed Name: [Insert Name]

Title: [Insert Job Title]