



City of Quincy, Massachusetts

THOMAS P. KOCH, MAYOR

DEPARTMENT OF HEALTH

1585 Hancock Street (Lower Level)
Quincy, MA 02169

Telephone: (617) 376-1270
Fax: (617) 376-1271

ANDREW SCHEELE
ACTING COMMISSIONER OF PUBLIC HEALTH

Medical/Infectious Waste Generator Notification Form

Complete and return this form initially, and upon any change in generator status to:

Quincy Health Department
1585 Hancock Street (lower level)
Quincy, MA 02169

1. Generator Identification:

A) Name (facility or individual): _____

B) Business Address: _____

C) Type of Facility (office, lab, hospital, etc.): _____

D) Contact person: _____ Phone: _____

2. Infectious/Medical Waste Identification: Please list all type(s) of infectious waste generated: _____

3. Removal/Transport/Disposal Contractor Information:

A) Company Name: _____

B) Address: _____

C) Contact person: _____ Phone: _____

D) Disposal Method (landfill, incinerator, etc.): _____

E) Disposal Location: _____

I hereby certify, under pains and penalties of perjury, that to the best of my knowledge, the information provided on this notification form is complete and accurate and not misrepresented in any way.

Date

Signature

Name and Title (Print)