BIOHAZARD WASTE DISCARD REGISTER

Month

BLOOD BAG								BLOOD S	GENERAL WASTE								
DATE	UNIT NO.	REASON	SIGN.		AUTOCLAVE DETAILS *		PATIENT DONOR		DATE	BLACK	YELLOW	RED	PUNCTURE PROOF CONTAINER	GREEN BAG	SENT	SUPERVISED	
			TECHNICIAN	DOCTOR	DATE	DONE BY	SIGN.	(From-To)	(From-To)	DATE	BAG	BAG	BAG	CONTAINER	CILLIN DAG	BY	BY
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Autoclaving done at 121 degree centrigrade, at a pressure of 15lbs for 15 mins. Indicator strip shall be used.