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| School: □ AU □ NYSCC  **Regulated Medical Waste**  Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building: \_\_\_\_\_\_\_\_\_\_\_Rm. \_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_ lbs.  Name:  Note: Container must have biohazard symbol attached  **Bring to Environmental Health and Safety when full**  Call x2190. |  | School: □ AU □ NYSCC  **Regulated Medical Waste**  Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Building: \_\_\_\_\_\_\_\_\_\_\_Rm. \_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_ lbs.  Name:  Note: Container must have biohazard symbol attached  **Bring to Environmental Health and Safety when full**  Call x2190. |
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