

## TRANSPORT LOG: NON-REGULAR PICK-UPS

**Facility Name:**

BY MARKING “**N**” IN THE “PICK-UP” COLUMN, I AM STATING THAT THERE IS NO “ABSORBENT” BIOMEDICAL WASTE NOR FILLED SHARPS CONTAINERS REQUIRING A PICK UP (or “Mail Away”).

BY MARKING “**Y**”, I AM STATING THAT THERE IS A RECEIPT OR OTHER TRANSPORT LOG FOR THE PICK UP (or “Mail Away”), WHICH WILL BE AVAILABLE FOR INSPECTION.

**This form does not take the place of receipts. It is intended to assist documentation in situations when there is no receipt because a Pick-Up (or “Mail Away”) was not required for the period by Chapter 64E-16 F.A.C.**

JTB 1KC1

**YEAR**

MONTH	PICK-UP Or MAILED Y/N	Pounds This Month	* PICK-UP/MAILED Pounds & Date <small>(Blank if “Pick-Up” = N)</small>	Initial	Comment (If Desired)
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

**YEAR**

MONTH	PICK-UP Or MAILED Y/N	Pounds This Month	* PICK-UP/MAILED Pounds & Date <small>(Blank if “Pick-Up” = N)</small>	Initial	Comment (If Desired)
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					

Gray area is optional but may help you document generation of less than 25 lbs. a month even if the weight exceeds that when it is picked up (or “Mailed Away”).

\* This is available here (PICK-UP/MAILED - Pounds & Date) for your convenience, although it may also be on the Receipt.