

SCHEDULE IV
(see Rule 6)

LABEL FOR TRANSPORT OF BIO-MEDICAL WASTE CONTAINERS/BAGS

Day.....Month.....

Year.....

Date of description.....

Waste category No

Waste Class

Waste description

Sender's Name & Address

Receiver's Name & Address

Phone No.....
No.....

Phone

Telex No.....
No.....

Telex

Fax No.....
No.....

Fax

Contact Person.....
Person.....

Contact

In case of emergency please contact:

Name & Address

Phone No.

Note: Label shall be non-washable and prominently visible.