Record Keeping: Small Animal Incinerator Permit-by-Rule

Facility Name	Date (month/day/year)	
Number of Charges	Charge Number	
Operations: Must be completed for each Cl	<u>harge</u>	
Material(s) Incinerated		
Weight of Medical/Infectious Waste in Charg		Med/Inf. Waste is in charge
Total Weight of Charge	Estimated	Exact
Weight Percent Medical Infectious Waste		
Minimum Operating Time	(If charge weight was estimated use)	
Actual Operating Time	Calculated Incineration Rate	
Daily Observations and Maintenance: Mus	t be completed at least O	NE time per Day
Visible Particulate Emissions were ob-	served: YES	S NO
All Equipment is operating properly:	YES	NO
Explain all equipment failures or malfunction (including time of problem/malfunction and w	when correction was made)	
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