YOUR  
LOGO

**COMPANY NAME**

MEDICAL-WASTE DISPOSAL PROPOSAL

Prepared by:

**[Client Name]**

**[Contact information]**

**[Date]**

# Introduction

Thank you for considering [Your Company Name] for your medical-waste disposal needs. We specialize in providing safe, compliant, and environmentally responsible waste management solutions for healthcare facilities.  
  
This proposal outlines our approach to the collection, transportation, and disposal of regulated medical waste for [Client Name].

# Project Objectives

The primary goals are:  
  
- Ensure compliant disposal of regulated medical waste  
- Minimize risk to staff, patients, and the environment  
- Streamline collection and disposal processes  
- Support sustainability and proper documentation

# Proposed Services

Our medical-waste disposal services include:  
  
- Scheduled waste pickup and transportation  
- Provision of approved disposal containers and labeling  
- Segregation and categorization of waste (e.g., sharps, pharmaceuticals, biohazards)  
- Treatment and disposal at licensed facilities  
- Regulatory documentation and reporting  
- Emergency response and spill cleanup support

# Scope of Work

Scope includes:  
  
- Site assessment and compliance evaluation  
- Waste categorization and volume estimation  
- Container delivery and pickup scheduling  
- Staff training on handling protocols (optional)  
- Tracking manifests and reporting to authorities

# Timeline

Proposed project timeline:

|  |  |  |
| --- | --- | --- |
| Phase | Description | Estimated Date |
| Assessment & Setup | Evaluate site and provide containers | [Start Date] |
| Service Initiation | Begin scheduled pickups and disposal | [Date] |
| Reporting & Support | Provide manifests and compliance logs | [Ongoing] |
| Review & Adjustments | Periodic service review and updates | [Quarterly] |

# Pricing

Estimated cost breakdown for medical-waste disposal services:

|  |  |  |
| --- | --- | --- |
| Service | Description | Cost |
| Assessment & Setup | Initial evaluation and materials delivery | [Amount] |
| Scheduled Pickup | Recurring waste collection service | [Amount per visit] |
| Disposal & Treatment | Licensed facility processing | [Amount per pound/kg] |
| Documentation & Compliance | Regulatory logs and reports | [Amount] |
| Total Estimated Fee |  | [Total] |

# About Us

[Your Company Name] is a certified provider of medical and hazardous waste management solutions.  
  
- Experience: [X] years in regulated waste handling and disposal  
- Expertise: Healthcare facilities, laboratories, clinics, and pharmacies  
- Mission: To ensure the safe and compliant disposal of medical waste while protecting public health and the environment

# Case Studies / Testimonials

Case Study: [Client Example]  
  
- Project: Ongoing medical-waste collection for a large outpatient center  
- Outcome: Achieved 100% compliance during state inspections and improved waste tracking  
  
Testimonial:  
“[Your Company Name] has provided exceptional service. Their team is dependable, professional, and always ensures we’re compliant.” — [Client Contact]

# Terms and Conditions

Payment Terms: Monthly billing or per-service charge.  
Service Scope: Includes waste pickup, transport, disposal, and documentation.  
Client Responsibilities: Provide access to collection points and maintain proper labeling.  
Adjustments: Scope changes require mutual agreement and may affect schedule and pricing.

# Acceptance

To approve this medical-waste disposal proposal and initiate services, please sign below.  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Name: [Client Name]  
Title: [Title]  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_