

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Solid & Hazardous Waste
Bureau of Recycling and Hazardous Waste Management

INTERMEDIATE HANDLER AND DESTINATION FACILITY ANNUAL REPORT

INSTRUCTIONS

(revised March 2021)

REPORTING PERIOD: 7/1/____ (previous year) TO 6/30/____ (current year)
DUE: 7/30/____ (current year)

1. **Facility Name and NJDEP Facility ID Number.** - Enter the name and NJDEP Facility Identification Number of your facility. If you are unsure of your facility ID number, please contact the Bureau of Recycling & Hazardous Waste Management at (609) 984-3438 for the number.
2. **Location and Contact Person.** Enter the location (street address, city, county, state, and zip code) of your facility. Also, in the space provided, enter the name, title, and telephone number of the person who is most knowledgeable about the medical waste operations at your facility.
3. **Mailing Address.** Enter the mailing address of the facility if it is not the same as the location entered in Number 2 above. If the two are the same, you may skip this question.
4. **Facility Status.** Identify by marking an "X" as to the status of your facility.

Intermediate Handler - is a facility that either treats regulated medical waste (RMW) to reduce or eliminate its infectious nature or destroys RMW by rendering it unrecognizable but does not do both.

Destination Facility - is a facility that both treats RMW to reduce or eliminates its infectious nature and destroys RMW by rendering it unrecognizable.

If your facility is both an intermediate handler and a destination facility, you must fill out two reports. The first report should be completed for an intermediate handler for the waste treated on-site. The second report should be completed for a destination facility for the waste treated and destroyed on-site.

If your facility does not treat RMW or does not treat and destroy RMW on-site, then check the box "Neither Intermediate Handler nor Destination Facility" and proceed directly to Section 4, page 5.

If your facility has stopped treating RMW or stopped treating and destroying RMW on-site during the reporting year, you must complete this report for the time frame that the unit was in operation during the reporting period. Please make a note and give the timeframe on the report if the data is not for the full reporting period. Be sure to complete Section 4.

5. **Intermediate Handler.** Only complete this question if your facility is considered an intermediate handler. See Question Number 4 for the definition of an intermediate handler. If you are not an intermediate handler, skip this question and proceed to Number 6.

For the method your site utilizes, report the total amount of treated RMW processed, the total amount of untreated RMW processed and the total amount of solid waste processed (this last total includes overclassified material).

- 5a. **Manufacturer/Trade Name** - Write the manufacturer's name or trade name of the unit.
- 5b. **Age of Unit** - Write the age of the unit in years.
- 5c. **Design Operating Capacity** - Enter the unit's design capacity as specified by the manufacturer in pounds per hour.
- 5d. **Permitted Capacity** - Enter the unit's maximum capacity allowed or permitted by the licensing agency.
- 5e. **Actual Operating Capacity** - Enter the actual pounds per year processed divided by the hours operated per year.
- 5f. **Average Daily Usage** - Enter the hours per day the unit operates.
6. **Destination Facility** - Only complete this question if your facility is considered a destination facility. See the definition in Number 4 for clarification. If you are not a destination facility, skip this question and proceed to Section 2.

For the method your site utilizes, report the total amount of treated RMW processed, the total amount of untreated RMW processed, and the total amount of solid waste processed (this last total includes overclassified material.)

- 6a. **Manufacturer/Trade Name** - Write the manufacturer's name or trade name of the unit. Also, specify whether the unit is an incinerator or a type of alternate technology.
- 6b. **Age of Unit** - Enter the age of the unit in years
- 6c. **Air Pollution Control Permit Number and Expiration Date** - Enter the Permit Certificate Number, Plant ID Number and expiration date of your Air Pollution Control Permit to Construct, Install or Alter Control Apparatus or Equipment and Certificate to Operate Control Apparatus or Equipment issued by the Division of Air Quality, Bureau of Stationary Sources.
- 6d. **Type of Unit** - If your facility utilizes an incinerator, check which type best describes your unit. If an incinerator is not utilized, enter N.A. (not applicable).
 - An "excess air" unit is usually a compact box-like structure with chambers and baffles that operates with high air flows to assure adequate combustion. It is usually loaded manually through a charging door.
 - A "starved air" unit is usually cylindrical, but can be rectangular, and it typically has combustion air fed through the floor or on the sides. The waste is manually loaded, although larger units can be mechanically loaded.

- A "rotary kiln" unit is cylindrical and rotates very slowly about the lengthwise axes. In smaller units, the waste may be either manually or mechanically loaded, while in larger units, waste is usually manually loaded. Air flow is by controlled, natural draft.

If your incinerator is not described by any of the three types listed, mark an "X" in the space labeled "other" and describe the unit in the space provided. If necessary, attach additional sheets

- 6e. Design Operating Capacity - Enter the unit's design capacity as specified by the manufacturer in pounds per hour.
- 6f. Permitted Capacity - Enter the unit's maximum capacity allowed or permitted by the licensing agency.
- 6g. Actual Operating Capacity - Enter the actual pounds per year processed divided by the hours operated per year.
- 6h. Average Daily Usage - Enter the hours per day the unit operates.

SECTION 2: WASTE ACCEPTED

This section requires the submittal of information regarding the waste transported to your facility during the reporting period either by transporters or by generators that self-transport.

7. Identity. Complete letters A-C for each individual that transported to your facility. This form provides space for identification of three sources. If you accepted waste from more than three, copy this page as needed and provide all of the information on each.
- 7 A. Name and Location. Enter the name, full address and the NJDEP Registration Identification Number for each transporter or generator that self-transported to your facility during the reporting year.
- 7 B. Quantity of Waste Accepted. For each category (untreated and treated), enter the amount of waste (in pounds) that you accepted from the transporter or generator that self-transported.
- 7 C. Source of Waste. For each category (untreated and treated), enter the amount of waste (in pounds) that was to your knowledge generated in New Jersey or out-of-state.

SECTION 3: ASH AND RESIDUE INFORMATION

This section asks information about the residues produced from your on-site treatment or treatment and destruction unit. Complete question number 8 if your facility utilizes an incinerator. Complete question number 9 if your facility utilizes another type of treatment or treatment and destruction unit that produces a residue. Note: Please Do Not report residue from treatment only units (e.g. autoclaves)

- 8 & 9 A. Quantity. Enter the quantity (in pounds) that was transported off-site during the reporting period. For question 8 A., indicate whether the ash weight is dry or wet.
- 8 & 9 B. Name, Address, and Permit Number of Transporter. Indicate the name, full address,

and the NJDEP transporter registration number for the transporter that removed the ash or other residue.

- 8 & 9 C. Name, Address, and Permit Number of Disposal Facility. Indicate the name, full address, and the facility permit number for the disposal facility that accepted the ash or other residue.

SECTION 4: STATUS OF TREATMENT AND/OR DESTRUCTION UNIT

This section is designed to gain information about a facility's unit that did not operate during the entire reporting period. You only need to complete this section if your on-site treatment and/or destruction system has ceased operating for reasons other than a shut down to effect repairs or standard maintenance. If this section does not pertain to you, skip to Section 5.

SECTION 5: CERTIFICATION

After completing this report, the facility owner or an authorized representative must sign and date the certification and indicate his or her position in the space provided.

This report must be submitted by 7/30/___ (current year) to the following address:

Mail Code: 401-02C
 New Jersey Department of Environmental Protection
 Division of Solid & Hazardous Waste
 Bureau of Recycling and Hazardous Waste Management
 P.O. Box 420
 Trenton, NJ 08625-0420

If you have any questions with any part of this report, please call the Bureau of Recycling and Hazardous Waste Management for assistance at (609) 984-3438.