NEW JERSEY

DEPARTMENT OF ENVIRONMENTAL PROTECTION (NJDEP)

Site Remediation and Waste Management Program

Bureau of Recycling and Hazardous Waste Management

Annual Generator Report - Regulated Medical Waste (RMW)

FOR GENERATORS OF MORE THAN 200 POUND OF LIQUID AND SOLID RMW

REPORTING PERIOD: JUNE 22, 2016 TO JUNE 21, 2017

IMPORTANT: This report must be answered completely or it will be returned

Section I - Administrative Information

Pursuant to N.J.A.C. 7:26-3A.21 (d) and (f), generators of more than 200 pounds of regulated medical waste (RMW) are required to submit a completed annual report to the NJDEP by July 21 of each calendar year and retain a copy of the generator report at the site for at least three years from the date the report is due, unless the NJDEP specifically requires an additional retention period. **Please submit your completed report by July 21, 2017.**

DO NOT print out then scan this report. This report is designed to be read electronically. Complete on screen using Adobe Acrobat Reader. To function correctly, this form **must be** completed using Adobe Acrobat Reader. It is a free software available for download at https://get.adobe.com/reader/. Save a local copy of the completed report, then send the completed report to the NJDEP as an email attachment to: rmwgeneratorannualreports@dep.nj.gov

NOTE: If additional space/pages are needed, individual pages can be duplicated by clicking the "Duplicate Page" button located at the bottom of selected pages.

Provide your complete business name, address, and Generator ID number as registered with the NJDEP. For additional instructions on Section I please **Click Here**

Generator Identification Number: _____ Reporting year: 2016-2017

Generator Identification Number Required

Generator Identification Number is required. In order to continue with this report please complete the "Generator Identification Number" field on Section I of this report.

** Note: If the number has been entered and this box is still visible please use the "Validate ID" button below. **

Validate ID

☐ Check here if you did not generate more than 200 lbs of RMW, then skip to Section IV – Certification.

Instructions:

The following information relates to your facility's RMW for the reporting period, June 22, 2016 to June 21, 2017. All amounts of RMW that were actually generated on-site during this reporting period (not necessarily what was transported or disposed of) must be entered in this section.

Please be sure that all RMW generated is included in the proper Class (1 through 7) and that the correct, Treatment Method, Destruction, and/or Disposal Method are marked for each class. Definitions of Waste Classes 1 through 7 can be found at N.J.A.C. 7:26-3A.6(a).

All quantities should be shown in pounds only, no ounces. If necessary, a conversion to pounds should be done first. All quantities should be rounded off to the nearest pound (e.g. 1 pound 4 ounces should be entered as 1 pound, while 1 pound 8 ounces should be entered as 2 pounds). If the quantity is less than 1 pound, show the amount of waste generated as 1 pound.

Class 1

Cultures and Stocks

☐ Check here if no Class 1 RMW was generated.

Annual Quantities: Generated: _____(lbs)

Treated: _____(lbs)

Destroyed: _____(lbs)

Disposed of: _____(lbs)

Treatment Method: *(check all that apply)*

☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation
☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics
☐ Other (specify): _____

Destruction Method: *(check all that apply)*

☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking
☐ Other (specify): _____

Disposal Method: *(check all that apply)*

☐ Incineration ☐ Burial ☐ Sewer Disposal ☐ Landfill
☐ Other (specify): _____

Transporter 1:

Generator Identification Number Required

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Via the Sewer

☐ Check here if no Class 2 RMW was generated.

☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation
☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics
☐ Other (specify): _____

Destruction Method: *(check all that apply)*

☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking
☐ Other (specify): _____

Disposal Method: *(check all that apply)*

☐ Incineration ☐ Burial ☐ Landfill
☐ Other (specify): _____

Transporter 1:

Transporter 2:

Transporter 3:

Transporter 4:

Transporter 5:

Class 3 **Human blood and blood products *not* Disposed of via the Sewer** ☐ Check here if no Class 3 RMW was generated.	**Annual Quantities:** Generated: _____(lbs) Treated: _____(lbs) Destroyed: _____(lbs) Disposed of: _____(lbs) **Treatment Method:** *(check all that apply)* ☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation ☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics ☐ Other (specify): _____ **Destruction Method:** *(check all that apply)* ☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking ☐ Other (specify): _____ **Disposal Method:** *(check all that apply)* ☐ Incineration ☐ Burial ☐ Landfill ☐ Other (specify): _____ Transporter 1:

Generator Identification Number Required

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Validate ID

Class 3 **Human blood and blood products Disposed of *via the Sewer* in accordance with N.J.A.C. 7:26-3A.16(b)1** ☐ Check here if no Class 2 and/or Class 3 RMW of this type was generated.	☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation ☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics ☐ Other (specify): _____ **Destruction Method:** *(check all that apply)* ☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking ☐ Other (specify): _____ **Disposal Method:** *(check all that apply)* ☐ Incineration ☐ Burial ☐ Sewer Disposal ☐ Landfill ☐ Other (specify): _____ Transporter 1: Transporter 2: Transporter 3: Transporter 4: Transporter 5:

Class 4

Needles, Syringes & Sharps

☐ Check here if no Class 4 RMW was generated.

Annual Quantities:

Generated: _____(lbs)

Treated: _____(lbs)

Destroyed: _____(lbs)

Disposed of: _____(lbs)

Treatment Method: *(check all that apply)*

☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation
☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics
☐ Other (specify): _____

Destruction Method: *(check all that apply)*

☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking
☐ Other (specify): _____

Disposal Method: *(check all that apply)*

☐ Incineration ☐ Burial ☐ Sewer Disposal ☐ Landfill
☐ Other (specify): _____

Transporter 1:

Generator Identification Number Required

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Validate ID

☐ Check here if no Class 5 RMW was generated.

☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation
☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics
☐ Other (specify): _____

Destruction Method: *(check all that apply)*

☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking
☐ Other (specify): _____

Disposal Method: *(check all that apply)*

☐ Incineration ☐ Burial ☐ Sewer Disposal ☐ Landfill
☐ Other (specify): _____

Transporter 1:

Transporter 2:

Transporter 3:

Transporter 4:

Transporter 5:

Class 6 **Isolation Wastes** ☐ Check here if no Class 6 RMW was generated.	**Annual Quantities:** Generated: _____(lbs) Treated: _____(lbs) Destroyed: _____(lbs) Disposed of: _____(lbs) **Treatment Method:** *(check all that apply)* ☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation ☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics ☐ Other (specify): _____ **Destruction Method:** *(check all that apply)* ☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking ☐ Other (specify): _____ **Disposal Method:** *(check all that apply)* ☐ Incineration ☐ Burial ☐ Sewer Disposal ☐ Landfill ☐ Other (specify): _____ Transporter 1: Transporter 2:

Generator Identification Number Required

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Validate ID

☐ Check here if no Class 7 RMW was generated.	☐ Incineration ☐ Chemical Disinfection ☐ Steam Sterilization ☐ Gamma Irradiation ☐ Microwave ☐ Thermal/Melting ☐ Melting + Encapsulation in plastics ☐ Other (specify): _____ **Destruction Method:** *(check all that apply)* ☐ Shredding ☐ Grinding ☐ Tearing ☐ Breaking ☐ Other (specify): _____ **Disposal Method:** *(check all that apply)* ☐ Incineration ☐ Burial ☐ Sewer Disposal ☐ Landfill ☐ Other (specify): _____ Transporter 1: Transporter 2: Transporter 3: Transporter 4: Transporter 5:

Section III - Intermediate Handlers and Destination Facilities

Provide the names and facility addresses of all Intermediate Handlers and Destination Facilities used during the reporting period. Use the Duplicate Page button at the bottom of the page if you need more space.

For definitions of "Destination facility" and "Intermediate handler" Click Here.

Intermediate Handler 1

Intermediate Handler Name:

Intermediate Handler Facility Address: _____

Municipality: _____ State: _____ Zip Code: _____

Type and quantity of RMW sent:

Class 1 quantity: _____ (lbs) Class 2 quantity: _____ (lbs) Class 3 quantity: _____ (lbs)

Class 4 quantity: _____ (lbs) Class 5 quantity: _____ (lbs) Class 6 quantity: _____ (lbs)

Class 7 quantity: _____ (lbs)

Intermediate Handler 2

Intermediate Handler Name:

Intermediate Handler Facility Address: _____

Generator Identification Number Required

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Validate ID

Municipality: _____ State: _____ Zip Code: _____

Type and quantity of RMW sent:

Class 1 quantity: _____ (lbs) Class 2 quantity: _____ (lbs) Class 3 quantity: _____ (lbs)

Class 4 quantity: _____ (lbs) Class 5 quantity: _____ (lbs) Class 6 quantity: _____ (lbs)

Class 7 quantity: _____ (lbs)

Intermediate Handler 4

Intermediate Handler Name:

Intermediate Handler Facility Address: _____

Municipality: _____ State: _____ Zip Code: _____

Type and quantity of RMW sent:

Class 1 quantity: _____ (lbs) Class 2 quantity: _____ (lbs) Class 3 quantity: _____ (lbs)

Class 4 quantity: _____ (lbs) Class 5 quantity: _____ (lbs) Class 6 quantity: _____ (lbs)

Class 7 quantity: _____ (lbs)

Destination Facility 1

Destination Facility Name:

Destination Facility Address: _____

Municipality: _____ State: _____ Zip Code: _____

Type and quantity of RMW sent:

Class 1 quantity: _____ (lbs) Class 2 quantity: _____ (lbs) Class 3 quantity: _____ (lbs)

Class 4 quantity: _____ (lbs) Class 5 quantity: _____ (lbs) Class 6 quantity: _____ (lbs)

Class 7 quantity: _____ (lbs)

Destination Facility 2

Destination Facility Name:

Destination Facility Address: _____

Municipality: _____ State: _____ Zip Code: _____

Type and quantity of RMW sent:

Class 1 quantity: _____ (lbs) Class 2 quantity: _____ (lbs) Class 3 quantity: _____ (lbs)

Generator Identification Number Required

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Validate ID

Class 4 quantity: _____ (lbs) Class 5 quantity: _____ (lbs) Class 6 quantity: _____ (lbs)

Class 7 quantity: _____ (lbs)

Destination Facility 4

Destination Facility Name:

Destination Facility Address: _____

Municipality: _____ State: _____ Zip Code: _____

Type and quantity of RMW sent:

Class 1 quantity: _____ (lbs) Class 2 quantity: _____ (lbs) Class 3 quantity: _____ (lbs)

Class 4 quantity: _____ (lbs) Class 5 quantity: _____ (lbs) Class 6 quantity: _____ (lbs)

Class 7 quantity: _____ (lbs)

Section IV - Certification

"I certify under penalty of law that the submitted information is true, accurate and complete. I am aware that there are significant civil penalties for knowingly submitting false, inaccurate or incomplete information and that I am committing a crime of the fourth degree if I make a written false statement which I do not believe to be true. I am also aware that if I knowingly direct or authorize the violation of any statute or regulation, I am personally liable for the penalties."

Signature: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Ext: _____ Fax: _____

Email Address: _____

Generator Identification Number Required

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Validate ID

taking this opportunity to ensure that you have access to a copy of these Rights, since you are a customer of collection services for your regulated medical waste.

Customer Bill of Rights can be found online at www.state.nj.us/dep/dshw/swr/cbr.htm