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, 2020 TO JUNE 21, 2021

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 report at the generator's 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 electronic report by July 21**, 2021.

DO NOT print out then scan this report. This fillable pdf report form is designed to be read **electronically** when received by the NJDEP. To function correctly, this form **must be** completed on screen using Adobe Acrobat Reader. It is a free software available for download at <u>https://get.adobe.com/reader/</u>. After completing the report on-screen, save a local copy and send the completed report to the NJDEP as an email attachment to: <u>rmwgeneratorannualreports@dep.nj.gov</u>

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 instructions on Section I please		per as registered with the NJDEP. For additiona	I
Generator Identification Number*:		Reporting year*:	
Generator Business Name*:			
Generator Facility Address*:			
Municipality*:	State*:	Zip Code*:	
Contact Name*:			
Contact Telephone Number*:	Ext.:	Fax:	
Contact Email Address*:			

Section II - RMW Data
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, 2020 to June 21, 2021. 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	Annual Quantities: If treated, destroyed and disposal
Cultures and Stocks	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Check here if no Class 1 RMW was generated.	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)
	Other (specify):
	Disposal Method: (check all that apply)
	Incineration Burial Sewer Disposal Landfill
	☐ Other (specify):
	Transporter 1:
	Transporter 2:
	Transporter 3:
Class 2	Annual Quantities: If treated, destroyed and disposal methods are all completed off
	Generated:(lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all
Class 2 Pathological Wastes <u>not</u>	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide
Pathological Wastes <u>not</u> Disposed of	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of Destroyed: (lbs) Image: Completed off site in the transporter section. Only provide method information if any of
Pathological Wastes <u>not</u> Disposed of via the	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide
Pathological Wastes <u>not</u> Disposed of	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Destroyed: (lbs) Image: Completed off site is the transporter section.
Pathological Wastes <u>not</u> Disposed of via the	Generated: (lbs) Off Site? On Site? Treated: (lbs) Destroyed: (lbs) Disposed: (lbs) Treatment Method: (check all that apply)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Treatment Method: (check all that apply)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Destroyed: (lbs) Disposed: (lbs) Treatment Method: (check all that apply)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Destroyed: (lbs) methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Treatment Method: (lbs)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? Treated: (lbs) Destroyed: (lbs) Disposed: (lbs) Treatment Method: (check all that apply) Incineration Chemical Disinfection Steam Sterilization Gamma Irradiation Microwave Thermal/Melting Melting + Encapsulation in plastics
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? Treated: (lbs) Imathods are all completed off Destroyed: (lbs) Imathods are all completed off Disposed: (lbs) Imathods are all completed off Disposed: (lbs) Imathods are all completed off Treatment Method: (check all that apply) Imathods are all completed off Incineration Chemical Disinfection Steam Sterilization Microwave Thermal/Melting Melting + Encapsulation in plastics Other (specify): Imathods: (check all that apply)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? Treated: (lbs) Imathematical completed off Destroyed: (lbs) Imathematical completed off Disposed: (lbs) Imathematical completed off Treatment Method: (check all that apply) Imathematical completed off Incineration Chemical Disinfection Steam Sterilization Gamma Irradiation Microwave Thermal/Melting Melting + Encapsulation in plastics Other (specify): Imathematical completed off Destruction Method: (check all that apply) Shredding Grinding Tearing Breaking Incineration
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? Treated: (lbs) Destroyed: (lbs) Disposed: (lbs) Treatment Method: (check all that apply) (here and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Treatment Method: (check all that apply) (here and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Treatment Method: (check all that apply) (here and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Destruction Chemical Disinfection is Steam Sterilization in gamma Irradiation in Microwave in Thermal/Melting in Melting + Encapsulation in plastics Other (specify):
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? Treated: (lbs) Imathematical completed off Destroyed: (lbs) Imathematical completed off Disposed: (lbs) Imathematical completed off Treatment Method: (lbs) Imathematical completed off Incineration Chemical Disinfection Steam Sterilization Incineration Chemical Disinfection Steam Sterilization Microwave Thermal/Melting Imathematical completed off Other (specify): Imathematical completed off Shredding Grinding Tearing Breaking Incineration Other (specify): Imathematical completed off Disposal Method: (check all that apply)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated:(lbs) Off Site? On Site? Treated:(lbs) Destroyed:(lbs) (lbs) Disposed:(lbs) (lbs) (lbs) Disposed:(lbs) (lbs) (lbs) (lbs) (lbs) (lbs) (lbs)
Pathological Wastes <u>not</u> Disposed of via the Sewer	Generated: (lbs) Off Site? On Site? Treated: (lbs) Imethods are all completed off Destroyed: (lbs) Imethod Disposed: (lbs) Imethod Incineration Chemical Disinfection Steam Sterilization Microwave Thermal/Melting Other (specify): Destruction Method: (check all that apply) Shredding Grinding Teatment (specify): Destruction Method: (check all that apply) Destruction Method: (check all that apply) Incineration Other (specify): Disposal Method: (check all that apply)

Class 3	Annual Quantities:	
Class 3	Generated:(lbs) Off Site? On Site?	If treated, destroyed and disposal methods are all completed off
Human	Treated: (lbs) On one i	site, check "off site" box for all
blood and	Destroyed:(lbs)	three and proceed to the transporter section. Only provide
blood	[· · · · · · · · · · · · · · · ·	method information if any of
products <u>not</u> Disposed of	Disposed:(lbs)	those activities occurred on-site.
via the		
Sewer	Treatment Method: (check all that apply)	
		Sterilization
		g + Encapsulation in plastics
Check here if	Cher (specify):	
no Class 3 RMW	Destruction Method: (check all that apply)	
was generated.	Shredding Grinding Tearing Brea	king Incineration
	Other (specify):	
	Disposal Method: (check all that apply)	
	Incineration Burial Landfill	
	Other (specify):	
	Transporter 1:	
	Transporter 2:	
	Transporter 3:	
Class 2	Annual Quantities:	If treated, destroyed and disposal
	Annual Quantities: Generated:(lbs) Off Site? On Site?	methods are all completed off
Class 2 Pathological Wastes	Annual Quantities:	methods are all completed off site, check "off site" box for all three and proceed to the
Pathological	Annual Quantities: Generated:(lbs) Off Site? On Site?	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide
Pathological Wastes and/or	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) I I Destroyed: (lbs) I I	methods are all completed off site, check "off site" box for all three and proceed to the
Pathological Wastes and/or Class 3	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) □ □ Destroyed: (lbs) □ □ Disposed: (lbs) □ □	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of
Pathological Wastes and/or Class 3 Human	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) I I Destroyed: (lbs) I I Disposed: (lbs) I I Treatment Method: (check all that apply) I I	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) □ □ Destroyed: (lbs) □ □ Disposed: (lbs) □ □ Treatment Method: (check all that apply) □ □	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Constraint of the second	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) □ □ Destroyed: (lbs) □ □ Disposed: (lbs) □ □ Treatment Method: (check all that apply) □ □	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u>	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Constraint of the second	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> in	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Constraint of the second	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u>	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Construction of the second seco	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> in accordance with N.J.A.C. 7:26-	Annual Quantities: Generated: (lbs) On Site? Treated: (lbs) Image: Construction of the second s	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> in accordance with N.J.A.C.	Annual Quantities: Generated: (lbs) On Site? Treated: (lbs) Image: Construction of the second s	<pre>methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.</pre>
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> in accordance with N.J.A.C. 7:26- 3A.16(b)1 □ Check here if	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Construction of the second seco	<pre>methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.</pre>
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> in accordance with N.J.A.C. 7:26- 3A.16(b)1	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Construction of the second seco	<pre>methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.</pre>
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> 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	Annual Quantities: Generated: (lbs) On Site? Treated: (lbs) Image: Constraint of the second sec	<pre>methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.</pre>
Pathological Wastes and/or Class 3 Human blood and blood products Disposed of <u>via the</u> <u>Sewer</u> in accordance with N.J.A.C. 7:26- 3A.16(b)1 Check here if no Class 2 and/or Class 3	Annual Quantities: Generated: (lbs) Off Site? On Site? Treated: (lbs) Image: Construction of the second seco	<pre>methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.</pre>

Class 4	Annual Quantities:				
C1055 4	Generated:(lbs)	Off Site?	On Site?	If treated, destroyed and disposal methods are all completed off	
Needles,	Treated:(lbs)			site, check "off site" box for all	
Syringes & Sharps	Destroyed:(lbs)			three and proceed to the transporter section. Only provide method information if any of	
	Disposed:(lbs)			those activities occurred on-site.	
Check here if no Class 4 RMW was generated.	Treatment Method: (check all the Incineration Chemica Microwave Thermal/ Other (specify):	I Disinfection Melting	☐ Melting	Sterilization	
	Destruction Method: (check all that apply) Shredding Grinding Tearing Breaking Other (specify): Disposal Method: (check all that apply) Incineration Burial Sewer Disposal Landfill				
	Transporter 1:				
	Transporter 2:				
	Transporter 3:				
	Annual Quantities:			If treated, destroyed and disposal	
				in treated, acon cyca and alopoour	
Class 5	Generated:(lbs)	Off Site?	On Site?	methods are all completed off	
Animal	Generated:(lbs) Treated:(lbs)	Off Site?	On Site?	methods are all completed off site, check "off site" box for all three and proceed to the	
			On Site?	methods are all completed off site, check "off site" box for all	
Animal	Treated:(lbs) Destroyed:(lbs)			methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide	
Animal Waste	Treated:(lbs)		On Site?	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of	
Animal	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	L L at apply) I Disinfection Melting	□ □ □ Steam S □ Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	at apply) I Disinfection Melting	□ □ □ Steam S □ Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all that Incineration Chemica Microwave Thermal/ Other (specify):	at apply) I Disinfection Melting mat apply)	Steam S	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	□ □ □ at apply) Il Disinfection Melting mat apply) □ Tearing	☐ ☐ ☐ Steam S ☐ Melting ☐ Breakin	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	□ □ □ at apply) I Disinfection Melting nat apply) □ Tearing apply)	Control Steam S Control Melting Control Breaking Control	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	□ at apply) I Disinfection Melting hat apply) □ Tearing apply) □ Sewer D	Steam S Steam S Melting Breakin Disposal	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	□ at apply) I Disinfection Melting hat apply) □ Tearing apply) □ Sewer D	Steam S Steam S Melting Breakin Disposal	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	
Animal Waste	Treated:(lbs) Destroyed:(lbs) Disposed:(lbs) Treatment Method: (check all the	□ at apply) I Disinfection Melting hat apply) □ Tearing apply) □ Sewer D	Steam S Steam S Melting Breakin Disposal	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.	

Class 6	Annual Quantities:				
C1255 0	Generated:(I	bs)	Off Site?	On Site?	If treated, destroyed and disposal methods are all completed off
Isolation		, bs)			site, check "off site" box for all three and proceed to the
Wastes	Destroyed:(I	bs)			transporter section. Only provide method information if any of
	Disposed:(I	bs)			those activities occurred on-site.
Check here if no Class 6 RMW was generated.	Treatment Method: (check a	mical Di mal/Me	isinfection Iting	Melting	Sterilization
	Destruction Method: (check	all that	apply)		
	Shredding Grin			🗌 Breakir	ng 🗌 Incineration
	Other (specify):				
	Disposal Method: (check all	that app	oly)		
	Incineration Buri			•] Landfill
	Other (specify):				
	Transporter 1:				
	Transporter 2:				
	Transporter 3:				
Class 7	Annual Quantities:				If treated, destroyed and disposal
	Annual Quantities: Generated:(I	bs)	Off Site?	On Site?	If treated, destroyed and disposal methods are all completed off
Unused			Off Site?	On Site?	methods are all completed off site, check "off site" box for all
	Generated:(I			On Site?	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide
Unused	Generated:(I Treated:(I	bs) bs)			methods are all completed off site, check "off site" box for all three and proceed to the
Unused Sharps	Generated:(I Treated:(I Destroyed:(I	bs) bs)			methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a	bs) bs) bs) nll that a	D D apply)		methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a Incineration Che Microwave Ther	bs) bs) bs) all that a mical Di mal/Me	apply) isinfection	□ □ □ Steam S □ Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a IncinerationChe	bs) bs) bs) all that a mical Di mal/Me	apply) isinfection	□ □ □ Steam S □ Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a	bs) bs) bs) mical Di mal/Me all that	apply) isinfection lting apply)	Steam S	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a	bs) bs) all that a mical Di mal/Me all that a ding	□ □ apply) isinfection elting apply) □ Tearing	□ □ □ Steam S □ Melting □ □ Breakin	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a	bs) bs) hll that a mical Di mal/Me all that a ding	□ □ apply) isinfection elting apply) □ Tearing	□ □ □ Steam S □ Melting □ □ Breakin	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a	bs) bs) bs) all that a mical Di mal/Me all that a ding	apply) isinfection apply) Tearing oly)	Steam S Helting Breaking	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Sterilization
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check a	bs) bs) all that a mical Di mal/Me all that a ding [that app	□ □ apply) isinfection elting apply) □ Tearing oly) □ Sewer D	Steam S Steam S Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site.
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check at Incineration Che Microwave Ther Other (specify): Destruction Method: (check Shredding Grin Other (specify): Disposal Method: (check all Incineration Buria	bs) bs) all that a mical Di mal/Me all that a ding [that app	□ □ apply) isinfection elting apply) □ Tearing oly) □ Sewer D	Steam S Steam S Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Sterilization
Unused Sharps	Generated:(I Treated:(I Destroyed:(I Disposed:(I Treatment Method: (check at Incineration Che Microwave Ther Other (specify): Destruction Method: (check Shredding Grin Other (specify): Disposal Method: (check all Incineration Buria Other (specify):	bs) bs) all that a mical Di mal/Me all that a ding [that app	□ □ apply) isinfection elting apply) □ Tearing oly) □ Sewer D	Steam S Steam S Melting	methods are all completed off site, check "off site" box for all three and proceed to the transporter section. Only provide method information if any of those activities occurred on-site. Sterilization

Section III - Intermediate Handlers or Destination Facilities				
Provide the names and facility addresses or reporting period. Use the Duplicate Page b				
For definitions of "Destination facility" and "Intermediate handler"				
Intermediate Handler or Destination Facility 1				
Name of Facility:				
Address of Facility:				
Municipality:				
Quantity of RMW sent:(II	os)			
Intermediate Handler or Destinati	on Facility 2			
Name of Facility:				
Address of Facility:				
Municipality:				
Intermediate Handler or Destinati	on Facility 3			
Name of Facility:				
Address of Facility:				
Municipality:	State:	Zip Code:		
Quantity of RMW sent: (It)S)			
Intermediate Handler or Destinati	on Facility 4			
Name of Facility:				
Address of Facility:				
Municipality:	State:	Zip Code:		
Quantity of RMW sent:(lk)S)			

Section IV - Certification

IMPORTANT: A copy of this report must be kept on file at the registered site for at least three (3) years from the report due date. The NJDEP will not provide a copy of this report. Failure to have a copy of this report in your files is a violation of N.J.A.C. 7:26A.21(f).

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

NOTICE: In accordance with N.J.A.C 7:26H-5.12 known as "*The Customer Bill of Rights*", the Department is 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