



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 <https://get.adobe.com/reader/>. After completing the report on-screen, save a local copy and 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 *** Required**

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.

<p>Class 1</p> <p>Cultures and Stocks</p> <p><input type="checkbox"/> Check here if no Class 1 RMW was generated.</p>	<p>Annual Quantities:</p> <p>Generated: _____ (lbs) Off Site? On Site?</p> <p>Treated: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Destroyed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Disposed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Treatment Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation</p> <p><input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Destruction Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Disposal Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Sewer Disposal <input type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Transporter 1:</p> <p>Transporter 2:</p> <p>Transporter 3:</p>
<p>Class 2</p> <p>Pathological Wastes <u>not</u> Disposed of via the Sewer</p> <p><input type="checkbox"/> Check here if no Class 2 RMW was generated.</p>	<p>Annual Quantities:</p> <p>Generated: _____ (lbs) Off Site? On Site?</p> <p>Treated: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Destroyed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Disposed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Treatment Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation</p> <p><input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Destruction Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Disposal Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Transporter 1:</p> <p>Transporter 2:</p> <p>Transporter 3:</p>

If treated, destroyed and 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.

If treated, destroyed and 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.

<p>Class 3</p> <p>Human blood and blood products <i>not</i> Disposed of via the Sewer</p> <p><input type="checkbox"/> Check here if no Class 3 RMW was generated.</p>	<p>Annual Quantities:</p> <p>Generated: _____ (lbs) Off Site? On Site?</p> <p>Treated: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Destroyed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Disposed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <div style="border: 1px solid black; background-color: #ffe6e6; padding: 5px; margin-top: 5px;"> <p>If treated, destroyed and 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.</p> </div> <p>Treatment Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation</p> <p><input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Destruction Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Disposal Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Transporter 1: _____</p> <p>Transporter 2: _____</p> <p>Transporter 3: _____</p>
<p>Class 2</p> <p>Pathological Wastes and/or Class 3</p> <p>Human blood and blood products Disposed of <i>via the Sewer</i> in accordance with N.J.A.C. 7:26-3A.16(b)1</p> <p><input type="checkbox"/> Check here if no Class 2 and/or Class 3 RMW of this type was generated.</p>	<p>Annual Quantities:</p> <p>Generated: _____ (lbs) Off Site? On Site?</p> <p>Treated: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Destroyed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Disposed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <div style="border: 1px solid black; background-color: #ffe6e6; padding: 5px; margin-top: 5px;"> <p>If treated, destroyed and 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.</p> </div> <p>Treatment Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation</p> <p><input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Destruction Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Disposal Method: <i>(check all that apply)</i></p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Sewer Disposal <input type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Transporter 1: _____</p> <p>Transporter 2: _____</p> <p>Transporter 3: _____</p>

<p>Class 4</p> <p>Needles, Syringes & Sharps</p> <p><input type="checkbox"/> Check here if no Class 4 RMW was generated.</p>	<p>Annual Quantities:</p> <p>Generated: _____ (lbs) Off Site? On Site?</p> <p>Treated: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Destroyed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Disposed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <div style="border: 1px solid black; background-color: #ffe6e6; padding: 5px; margin-top: 5px;"> <p>If treated, destroyed and 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.</p> </div> <p>Treatment Method: (check all that apply)</p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation</p> <p><input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Destruction Method: (check all that apply)</p> <p><input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Disposal Method: (check all that apply)</p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Sewer Disposal <input type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Transporter 1:</p> <p>Transporter 2:</p> <p>Transporter 3:</p>
<p>Class 5</p> <p>Animal Waste</p> <p><input type="checkbox"/> Check here if no Class 5 RMW was generated.</p>	<p>Annual Quantities:</p> <p>Generated: _____ (lbs) Off Site? On Site?</p> <p>Treated: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Destroyed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <p>Disposed: _____ (lbs) <input type="checkbox"/> <input type="checkbox"/></p> <div style="border: 1px solid black; background-color: #ffe6e6; padding: 5px; margin-top: 5px;"> <p>If treated, destroyed and 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.</p> </div> <p>Treatment Method: (check all that apply)</p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation</p> <p><input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Destruction Method: (check all that apply)</p> <p><input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Disposal Method: (check all that apply)</p> <p><input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Sewer Disposal <input type="checkbox"/> Landfill</p> <p><input type="checkbox"/> Other (specify): _____</p> <p>Transporter 1:</p> <p>Transporter 2:</p> <p>Transporter 3:</p>

<p>Class 6</p> <p>Isolation Wastes</p> <p><input type="checkbox"/> Check here if no Class 6 RMW was generated.</p>	<p>Annual Quantities:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Generated: _____ (lbs)</td> <td style="width: 10%;">Off Site?</td> <td style="width: 10%;">On Site?</td> <td rowspan="4" style="background-color: #ffe4c4; padding: 5px; vertical-align: top;"> <p>If treated, destroyed and 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.</p> </td> </tr> <tr> <td>Treated: _____ (lbs)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Destroyed: _____ (lbs)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disposed: _____ (lbs)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Treatment Method: <i>(check all that apply)</i></p> <p> <input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation <input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics <input type="checkbox"/> Other (specify): _____ </p> <p>Destruction Method: <i>(check all that apply)</i></p> <p> <input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration <input type="checkbox"/> Other (specify): _____ </p> <p>Disposal Method: <i>(check all that apply)</i></p> <p> <input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Sewer Disposal <input type="checkbox"/> Landfill <input type="checkbox"/> Other (specify): _____ </p> <p>Transporter 1: Transporter 2: Transporter 3:</p>	Generated: _____ (lbs)	Off Site?	On Site?	<p>If treated, destroyed and 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.</p>	Treated: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>	Destroyed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>	Disposed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>
Generated: _____ (lbs)	Off Site?	On Site?	<p>If treated, destroyed and 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.</p>											
Treated: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>												
Destroyed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>												
Disposed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>												
<p>Class 7</p> <p>Unused Sharps</p> <p><input type="checkbox"/> Check here if no Class 7 RMW was generated.</p>	<p>Annual Quantities:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Generated: _____ (lbs)</td> <td style="width: 10%;">Off Site?</td> <td style="width: 10%;">On Site?</td> <td rowspan="4" style="background-color: #ffe4c4; padding: 5px; vertical-align: top;"> <p>If treated, destroyed and 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.</p> </td> </tr> <tr> <td>Treated: _____ (lbs)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Destroyed: _____ (lbs)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Disposed: _____ (lbs)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Treatment Method: <i>(check all that apply)</i></p> <p> <input type="checkbox"/> Incineration <input type="checkbox"/> Chemical Disinfection <input type="checkbox"/> Steam Sterilization <input type="checkbox"/> Gamma Irradiation <input type="checkbox"/> Microwave <input type="checkbox"/> Thermal/Melting <input type="checkbox"/> Melting + Encapsulation in plastics <input type="checkbox"/> Other (specify): _____ </p> <p>Destruction Method: <i>(check all that apply)</i></p> <p> <input type="checkbox"/> Shredding <input type="checkbox"/> Grinding <input type="checkbox"/> Tearing <input type="checkbox"/> Breaking <input type="checkbox"/> Incineration <input type="checkbox"/> Other (specify): _____ </p> <p>Disposal Method: <i>(check all that apply)</i></p> <p> <input type="checkbox"/> Incineration <input type="checkbox"/> Burial <input type="checkbox"/> Sewer Disposal <input type="checkbox"/> Landfill <input type="checkbox"/> Other (specify): _____ </p> <p>Transporter 1: Transporter 2: Transporter 3:</p>	Generated: _____ (lbs)	Off Site?	On Site?	<p>If treated, destroyed and 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.</p>	Treated: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>	Destroyed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>	Disposed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>
Generated: _____ (lbs)	Off Site?	On Site?	<p>If treated, destroyed and 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.</p>											
Treated: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>												
Destroyed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>												
Disposed: _____ (lbs)	<input type="checkbox"/>	<input type="checkbox"/>												

Section III - Intermediate Handlers or Destination Facilities

Provide the names and facility addresses of all Intermediate Handlers and/or 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"

Intermediate Handler or Destination Facility 1

Name of Facility: _____

Address of Facility: _____

Municipality: _____ State: _____ Zip Code: _____

Quantity of RMW sent: _____ (lbs)

Intermediate Handler or Destination Facility 2

Name of Facility: _____

Address of Facility: _____

Municipality: _____ State: _____ Zip Code: _____

Quantity of RMW sent: _____ (lbs)

Intermediate Handler or Destination Facility 3

Name of Facility: _____

Address of Facility: _____

Municipality: _____ State: _____ Zip Code: _____

Quantity of RMW sent: _____ (lbs)

Intermediate Handler or Destination Facility 4

Name of Facility: _____

Address of Facility: _____

Municipality: _____ State: _____ Zip Code: _____

Quantity of RMW sent: _____ (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: _____

Check here if contact information in Section IV is the same Section I.

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