NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF SOLID AND HAZARDOUS WASTE

"ALTERNATIVE TECHNOLOGY REVIEW FORM" (ATRF)
FOR REGULATED MEDICAL WASTE MANAGEMENT SYSTEM/EQUIPMENT
(Revised 10/27/2004)

Answer all questions in detail and attach additional pages or other information sources as necessary. Reference appropriate question numbers on all attachments. Please provide **four copies** of the completed ATRF and all attachments to: **The Bureau of Resource Recovery & Technical Programs, P.O. Box 414, Trenton, NJ 08625-0414.**
If you have any questions or need assistance, contact the bureau at (609) 984-6620.

1.**COMPANY NAME**

2. SYSTEM/EQUIPMENT NAME AND MODEL NUMBER

3. CONDITIONS OF OPERATION - MANUFACTURER RECOMMENDED REQUIREMENTS

A. LOCATION Indoor/Outdoor)

B. DIMENSIONS (Length, Width & Height in feet)

C. FLOOR SPACE (Length & Width in feet)

D. PLUMBING (Cold water, Hot water, Steam & Sewer Connections)

E. ELECTRICAL CONNECTION

F. VENTING (Fan Rating in cubic feet/minute (cfm); Compatibility With Filters)

G. CHEMICALS TO BE STOCKED (List, MSDS, Place Stocked)

3. CONDITIONS OF OPERATION - MANUFACTURER RECOMMENDED

REQUIREMENTS (Continued)

H. OPERATOR TRAINING (Attach Copy of Training Manual & Operation & Maintenance Manual)

I. OPERATOR SAFETY STANDARDS

(1) NORMAL OPERATION (Shutdown Procedures; Cleaning/Disinfection -Procedures; Hazard Awareness Guidance & OSHA Compliance Guidance)

(2)EMERGENCY DOWNTIME (Shutdown Procedures; Cleaning/Disinfection Procedures; Hazard Awareness Guidance & OSHA Compliance Guidance)

J. ANTICIPATED PERMITS

K. OTHER REQUIREMENTS

4. CONSTRAINTS ON USE - DOES THE SYSTEM/EQUIPMENT HAVE ANY LIMITATIONS IN TREATING/DESTROYING THE FOLLOWING CLASSES OF REGULATED MEDICAL WASTE?

CLASS 1. YES/NO - EXPLAIN

CLASS 2. YES/NO - EXPLAIN

CLASS 3. YES/NO - EXPLAIN

CLASS 4**.** YES/NO - EXPLAIN

CLASS 5. YES/NO - EXPLAIN

CLASS 6. YES/NO - EXPLAIN COMPLETELY IF CLASS 6 APPROVAL IS DESIRED

CLASS 7. YES/NO - EXPLAIN

(SEE PAGE 9 AND N.J.A.C. *7:26-3A.6(a) FOR DESCRIPTION OF WASTE CLASSES)*

5. TYPICAL OPERATION - Waste Treatment/Destruction

A. DETAILED DESCRIPTION OF PROCESS

B. CHARGE CAPACITY. (Pounds per Hour & Pounds per Charge)

C.REDUCTION IN VOLUME (Ratio)

D. REDUCTION IN WEIGHT (Ratio)

E. REDUCTION IN RECOGNIZABILITY (Explain)

F. REDUCTION IN INFECTIOUS NATURE (Explain)*

G. COMPOSITION AND SUGGESTED METHOD OF DISPOSAL OF
(1) SOLID RESIDUES (Physical & Chemical Composition; Method of Disposal)

(2) LIQUID EFFLUENT (Physical & Chemical Composition; Method of Disposal; Quantity in gpm)

(3) AIR/GASEOUS DISCHARGE

(4) OTHER EMISSIONS

H. OTHER INFORMATION ON TYPICAL OPERATION

** The Information required will be provided to the New Jersey Department of Health and Senior Services, Consumer and Environmental Health Services, Regulated Medical Waste Management Project for their review and approval for treatment efficacy.*

6. TIME REQUIRED TO INSTALL IN NJ AND AVAILABILITY - Any NJ/US Distributors?

7. LIST OF FACILITIES WITH SYSTEM EQUIPMENT INSTALLED

8. DOCUMENTS FROM OTHER SOURCES - All Existing Documentation Pertaining to Any Treatment Efficacy

Reviews, and Authorizations or Permits to Operate, Granted or Denied by Other States, Countries or Other Sources for the System or Similar Systems Must be Submitted. *

9. SUPPORTIVE DOCUMENTS - The Information Listed Below Is Critical to a Thorough Review of the Regulated Medical Waste Disposal System and Must be Included in the Application in order for it to be Complete (✓ *to Indicate Which of the Following are Supplied).*

❒ A. All existing actual numerical data adequately characterizing the performance of the waste disposal system in a facility which handles medical waste treatment and/or destruction.

❒ B. If above not available, numerical data and calculations adequately characterizing the performance of a prototype.

❒ C. Description of continuous and non-continuous parametric monitoring and controls. Describe the methods for obtaining monitoring data and how controls operate. Include information on the feasibility of operators modifying monitoring systems.

❒ D. Failure Mode and Effect Analysis (FMEA), of all system operating functions, performed to prevent any actual or potential release of waste and infectious agents.

❒ E. Actual data on cost of installation, operation and energy efficiency of the waste disposal system in a facility which performs medical waste treatment and/or destruction (Capital/lease cost; Installation/engineering costs; Maintenance $/yr and Energy requirements energy Units/hr).

❒ F. If above not available, projected cost of installation and operation, and energy efficiency, in a typical facility which manages medical waste (Capital/lease cost; Installation/engineering costs; Maintenance $/yr and Energy requirements energy units/hr).

❒ G. Schematic Diagram (s) of the alternative technology unit

**The Information required will be provided to the New Jersey Department of Health and Senior Services, Consumer and Environmental Health Services, Regulated Medical Waste Management Project for their review and approval for treatment efficacy.*

9. SUPPORTIVE DOCUMENTS (Continued)

❒ H. All existing reports and/or assessments of the system or similar systems produced by an independent professional research or engineering firm, university, etc., not associated with you/your Company.*

❒ I. Attach all raw data and calculations concerning treatment efficacy testing.*

10. ENVIRONMENTAL IMPACTS OCCUPATIONAL EXPOSURES
(✓all that apply)

A. Will the use of the system/equipment result in release of chemicals, whether unforeseen or otherwise?
❒ Yes ❒ No
If you answered yes, indicate which of the following are supplied.

❒(1) Description of all incidents involving release of chemicals, whether unforeseen or otherwise.
❒(2) All environmental impact studies and their results, including incidents in 10.A.(l) above.
❒(3) All occupational health impact studies, relative to operator exposure to chemicals and their results, including incidents in 10.A.(l) above.

B. Will the use of the system/equipment result in release of microbiological aerosols, whether unforeseen or otherwise?
❒ Yes ❒ No
If you answered yes, indicate which of the following are supplied.

❒ (1) Description of all incidents involving release of microbiological aerosols, whether unforeseen or otherwise.
❒ (2) All environmental impact studies and their results, including incidents in 10.B.(l) above.
❒ (3) All occupational health impact studies, relative to operator exposure to microbiological aerosols and their results, including incidents in 10.B.(l) above.

C. Will the use of this treatment process and/or the system/equipment result in adverse effects on human

health and/or the environment under both normal and aberrant operating conditions?
❒ Yes ❒ No

D. Does the system have a protocol to monitor treatment efficacy?
❒ Yes ❒ No
If the answer is No, please provide an approximate date when a protocol will be submitted?

** The Information required will be provided to the New Jersey Department of Health and Senior Services, Consumer and Environmental Health Services, Regulated Medical Waste Management Project for their review and approval for treatment efficacy.*

10. ENVIRONMENTAL IMPACTS OCCUPATIONAL EXPOSURES (continued)

E. Does the system have a contingency plan for management of waste during periods of system downtime or challenge test failure?

❒ Yes ❒ No

If you answered yes, indicate which of the following are supplied.

❒(1) Downtime contingency plan.
❒(2) Challenge test failure contingency plan.

F. Does the system have a procedure for removing untreated RMW when it is shut down for troubleshooting, repair or due to failure?

❒ Yes ❒ No

If you answered yes, please describe this procedure in detail here or denote where in the documentation it is located.

CERTIFICATION STATEMENT

I certify that the information requested and contained in this document is accurate and complete and that all existing documentation requested in Sections 8 & 9 for this system or any similar systems is provided. The Vendor, identified below, agrees to provide the New Jersey Department of Environmental Protection (DEP) all results of all studies conducted by or for any state, company, agency or country, or any other person as defined at N.J.A.C. 7:26-3A.5, which the vendor conducts, or is in any way aware of, to determine the operational performance of any aspect of the equipment for which authorization to operate in New Jersey is requested on filing this ATRF. I am aware that regulated medical waste management systems to be operated in New Jersey for regulated medical waste treatment

and/or destruction must be identical to the system described in this application for authorization to operate in New Jersey and for which operational data is presented in the ATRF for DEP and the New Jersey Department of Health and Senior Services (DHSS) review. Any and all changes in the system and related equipment after this application submittal and DEP and DHSS review and authorization to operate must be submitted in writing to DEP prior to use. The DEP and DHSS permitting conditions or other agency's authorizations granted to operate this system to treat and/or destroy regulated medical waste will be reviewed by the DEP and DHSS periodically to ensure specifically authorized regulated medical waste technology systems meet current accepted standards for regulated medical waste management. The DEP and DHSS may modify system operational or performance requirements for systems that received prior authorizations to operate, if warranted to protect human health and the environment.

I am further aware that on reviewing the completed ATRF and the required attachments, the DEP and DHSS may have additional questions and require submissions of data and other information deemed necessary regarding this or related medical waste disposal systems. Failure to provide all existing requested information will result in delays in processing the request for authorization to operate. Failure to provide all required information as outlined in the ATRF, or willfully withholding information, may be cause for the DEP and DHSS to deny or rescind authorization to operate if the DEP and DHSS determines that the information not submitted would have been in any way relevant to its review of this technology. I am aware that approvals from both the DEP and DHSS shall be obtained prior to selling or marketing this alternative treatment technology in New Jersey.

I am aware that the Department will share all information concerning the ATRF submittal, such as applicant/technology history, enforcement issues, analytical data and related information with existing or new operators of the applicant's technology or related parties of interest and relevant State regulatory agencies during the ATRF application review and confirmation process except as deemed confidential pursuant to a complete application and Department approval pursuant to N.J.A.C. 7:26-17.

NAME OF SYSTEM/EQUIPMENT MODEL NUMBER _____ **MODEL** _____

NAME OF CERTIFYING PERSON (Must be a corporate officer) _____ **TITLE** _____

SIGNATURE OF CERTIFYING PERSON (Must be a corporate officer) _____ **DATE** _____

NAME OF PERSON COMPLETING ATRF _____ **TITLE** _____

NAME OF VENDOR (Company) _____ **TELEPHONE** _____

NAME OF DIVISION _____ **FAX** _____

ADDRESS _____ **EMAIL** _____

CITY, STATE & ZIP CODE _____ **WEB SITE ADDRESS** _____

IMPORTANT

Pursuant to N.J.S.A. 47:lA-1 et seq. the information provided in this form and its attachments shall be available to the public for review, unless a specific claim of confidentiality is submitted pursuant to the procedures set forth in N.J.A.C. 7:26-17 et seq. and is approved by the Department. For assistance in this regard, contact the Bureau of Resource Recovery & Technical Programs at (609) 984-6620

TABLE
REGULATED MEDICAL WASTE
N.J.A.C. 7:26-3A.6(a)

WASTE CLASS	DESCRIPTION
1 CULTURES AND STOCKS	Cultures and stocks of infectious agents and associated biologicals including:

	cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate, and mix cultures.
2. PATHOLOGICAL WASTES	Human pathological wastes, including tissues, organs and body parts and body fluids that are removed during surgery or autopsy, or other medical procedures, and specimens of body fluids and their containers.
3. HUMAN BLOOD AND BLOOD PRODUCTS	Liquid waste human blood; products of blood; items saturated and/or dripping with human blood or items that were saturated and/or dripping with human blood that are now caked with dried human blood; including serum, plasma, and other blood components, and their containers, which were used or intended for use in either patient care, testing and laboratory analysis or the development of pharmaceuticals. Intravenous bags are also included in this category.
4. SHARPS	Sharps that were used in animal or human patient care or treatment or in medical research, or industrial laboratories, including sharp, or potentially sharp if broken, items such as, but not limited to, hypodermic needles, all syringes to which a needle can be attached (with or without the attached needle) and their components, including those from manufacturing research, manufacturing and marketing, Pasteur pipettes, scalpel blades, blood vials, carpules, needles with attached tubing, and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.
5. ANIMAL WASTE	Contaminated animal carcasses, body parts, and bedding of animals that were known to have been exposed to infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals.
6. ISOLATION WASTES	Biological waste and discarded materials contaminated with blood, excretion, exudates, or secretions from humans who are isolated to protect others from certain highly communicable diseases, or isolated animals known to- be infected with highly communicable diseases.
7. UNUSED SHARPS	The following unused, discarded sharps: hypodermic needles, suture needles, syringes, and scalpel blades.