

NEW JERSEY REGULATED MEDICAL WASTE

COMMERCIAL COLLECTION FACILITY ANNUAL REPORT INSTRUCTIONS

(revised November 2010)

New Jersey Department of Environmental Protection
Solid and Hazardous Waste Management Program
Bureau of Landfill and Hazardous Waste Permitting
(609) 984-6985

This report must be submitted by commercial collection facilities that accept and offer for transport regulated medical waste in the State of New Jersey.

You must be authorized with the Solid and Hazardous Waste Management Program as a regulated medical waste commercial collection facility. If you are not so authorized, please contact the Bureau at (609) 984-6985.

Mail this report to: **Mail Code: 401-02C**
NJ Department of Environmental Protection
Solid and Hazardous Waste Program
Bureau of Landfill and Hazardous Waste Permitting
P.O. Box 420
Trenton, NJ 08625-0420

Deadline for report submission is: Reporting Period Submission Due Date
7/1/___ (previous year) 7/30/___ (current year)
through 6/30 ___ (current year)

Please read instructions carefully before completing this form.

INSTRUCTIONS

AUTHORITY:

This information is required by the New Jersey Department of Environmental Protection (DEP) under the authority of N.J.A.C. 7:26-3A.44 of the Regulated Medical Waste Rule.

DEP expects you to provide this information based on the records you are required to keep as a regulated medical waste commercial collection facility.

WHO MUST COMPLETE THIS FORM ?

This report must be completed by commercial collection facilities, including owners and operators of transfer facilities engaged in transporting regulated medical waste that is generated, stored, transferred, treated, destroyed, disposed of, or otherwise managed in New Jersey.

This report must be completed by commercial collection facilities of regulated medical waste that held permits to

accept or have accepted, during the reporting period, regulated medical waste generated in New Jersey or that was generated outside New Jersey and has been disposed of or otherwise managed in New Jersey.

WHAT TYPE OF INFORMATION IS REQUIRED BY THIS REPORT ?

The commercial collection facility report form records information on the source and disposition of regulated medical waste handled by a commercial collection facility. The form is divided into nine sections:

- I. Identification Information**
- II. Disposition Information**
- III. Generator Identification**
- IV. Transporter Identification(RMW received)**
- V. Transporter Identification(RMW offered)**
- VI. Transfer Station/Transfer Facility Identification**

- VII. Intermediate Handler and Destination Facility Identification**
- VIII. Final Disposal Facility Identification**
- IX. Facility Status**

WHEN TO COMPLETE THE REPORT ?

Complete the commercial collection facility report using the information that can be obtained from the tracking forms and facility logs. Use only those tracking forms and logs that have certification receipt dates in Box 16 of the tracking form, and that fall within the reporting periods specified above.

INSTRUCTIONS FOR COMPLETING THE FORM

The following item-by-item instructions explain which Sections (I-IX) each type of transporter must complete.

All information should be typed or hand-printed in BLACK ink.

SECTION I. IDENTIFICATION INFORMATION

Box 1. Reporting Period.

This box specifies the reporting period for the information you are submitting. Enter the appropriate year information.

Box 2. Facility Name and Mailing Address.

Enter the name and mailing address of the facility that is completing this report.

Box 3. NJDEP Identification Number.

Enter the NJDEP Facility Identification Number. If you are unsure of your facility ID number, please contact the Bureau of Transfer Station and Recycling Center at (609) 292-9880.

Box 4. Contact Person.

Enter the name, title and telephone number of the person who is most knowledgeable about your facility operations, or the person who is responsible for the information in the report.

Box 5. Certification.

After completing this form, the company owner or an authorized representative must sign and date the certification and indicate his or her title or position. If your organization has no legal owner (e.g., a local government entity), the individual within your organization who is responsible for the information in this report must sign and date the certification and indicate his or her title or position

SECTION II. DISPOSITION INFORMATION

This section requires submittal of information on the quantities of regulated medical waste you accepted or offered for transport or disposal during the reporting period in Box 1.

Box 6. Total Quantity of Regulated Medical Waste by Category and Destination.

This box requests information on the total quantity of (A) untreated and (B) treated regulated medical waste you accepted for disposal during the reporting period. The total quantity of waste should include only the regulated medical waste you received that was generated or disposed of in New Jersey. For each category of waste, enter the quantity of waste (in pounds) that was delivered (1) to a transporter or transfer facility and (2) to an intermediate handler or destination facility. If a category of waste was not delivered to a designated type of facility, enter "0" in the box for that category and facility combination.

SECTION III. GENERATOR IDENTIFICATION

This section requires the submittal of information regarding the generators from whom you accepted regulated medical waste during the reporting period in Box 1.

Box 7. Total Number of Generators from whom Regulated Medical Waste was Accepted.

Enter the total number of generators from whom you directly accepted regulated medical waste via self-transport for disposal during the reporting period. If your company did not accept any regulated medical waste directly from a generator, enter "0" in the box and skip this Section.

Box 8. Identity of Generators.

Complete Boxes 8A through 8E for each individual generator from whom you directly accepted regulated medical waste during the reporting period. This form provides space for identification of four generators. If you have accepted waste from more than four generators, copy this page as needed and provide the information on each generator. The number of generators entered in Box 7 must equal the total number of all generators identified in Box 8.

Box 8A. Name and Location of Generator.

Enter the name and address representing the physical location of the generator (i.e., the location at which the waste is generated).

Box 8B. County Code.

Enter one of the following codes that corresponds to the County the generator is physically located in (i.e., the New Jersey County from which the waste was accepted). For generators out-of-state, enter 99.

<u>Code</u>	<u>County</u>	<u>Code</u>	<u>County</u>
01 ..	Atlantic	12 ..	Monmouth
02 ..	Bergen	13 ..	Morris
03 ..	Burlington	14 ..	Middlesex
04 ..	Camden	15 ..	Ocean
05 ..	Cape May	16 ..	Passaic
06 ..	Cumberland	17 ..	Salem
07 ..	Essex	18 ..	Somerset
08 ..	Gloucester	19 ..	Sussex
09 ..	Hudson	20 ..	Union
10 ..	Hunterdon	21 ..	Warren
11 ..	Mercer		

Box 8C. Type of Generator.

Enter one of the following codes that best classifies the type of generator. Use your best judgement as to the generator's type.

Code Generator Type

- 01 .. Hospital - includes waste generated in all laboratories and departments.
- 02 .. Laboratory - including clinical and research laboratories generating regulated medical waste (not at a hospital).
- 03 .. Clinic - includes group practice facilities that provide ambulatory care of one or more specialties such as hemodialysis, prenatal or postpartum care, surgical centers, family practice centers, etc. Also includes outpatient drug treatment facilities, and nonresidential medical day care facilities.
- 04 .. Physician - includes single and multiple private-practice physician offices.
- 05 .. Dentist - includes single and multiple private-practice dentist offices.
- 06 .. Veterinarian - includes single and multiple private-practice veterinarian offices.
- 07 .. Long Term or Residential Health Care Facility - includes facilities providing skilled or non-skilled care such as nursing homes and residential drug treatment centers.
- 08 .. Blood Banks - includes freestanding blood banks (not at a hospital) and their mobile off-site activities.
- 09 .. Schools - includes all infirmaries at schools.
- 10 .. Funeral Homes
- 11 .. Public Health Agencies - includes all Federal, State and local Governmental health agencies such as health departments, etc.
- 12 .. Other - includes any other facility generating regulated medical waste such as ambulance services, infirmaries located other than at schools, etc. (NOTE: If you enter this code, specify the type of generator in the space provided below the code).

8D. Quantity of Regulated Medical Waste Accepted from the Generator.

For each category (untreated and treated), enter the amount of waste (in pounds) that you accepted from the generator during the reporting period. If you did not accept waste in one of the categories, enter "0."

8E. Generator Identification Number.

Enter the 7 digit NJDEP regulated medical waste Generator Identification Number. *Attach a copy of the letter of exemption from the NJDEP to the end of the report if the generator identified in Box 8A has been granted an exemption from generator registration requirements by the NJDEP and does not need a Generator Identification Number.*

[NOTE: Transporters may submit an automated printout (i.e., a computer hardcopy printout) of the generator information requested in Boxes 8A through 8E of the report form in lieu of providing that same information on the actual form itself, providing the following criteria are met:

- * Only generator-specific information (Boxes 8A through 8E) is submitted in this format; all other information must be submitted using the New Jersey Regulated Medical Waste Commercial Collection Facility Annual Report form.
- * Each page of the printout is numbered.
- * The information is presented in a format similar to that of the New Jersey Regulated Medical Waste Commercial Collection Facility Annual Report form. The name and location of each generator must appear in a column on the left side of the page, with the corresponding county code, generator type, waste quantity information (untreated and treated, in pounds, labeled as such) and the generator identification number presented in succeeding columns on the right side of the page.
- * Information for each individual generator must also be separated by a horizontal line.]

SECTION IV. TRANSPORTER IDENTIFICATION

(RMW Received)

Boxes 9 and 10 require the submittal of information regarding the transporters from which you received regulated medical waste during the period marked in Box 1.

Box 9. Total Number of Transporters from which Regulated Medical Waste was Received.

Enter the total number of transporters from which you received regulated medical waste during the reporting period. If you did not receive any regulated medical waste from a transporter during the reporting period, enter "0" in the box and skip this section.

Box 10. Identity of Transporters.

Complete Boxes 10A and 10B identifying each individual transporter from which you received regulated medical waste. This form provides spaces for identification of four transporters. If you received from more than four transporters, copy this page as needed and provide the requested information for each. The number of transporters entered in Box 10 must equal the number of transporters identified in Box 9.

10A. Name and Location.

Enter the name and address representing the physical location where the transporter is located.

10B. Quantity of Regulated Medical Waste Received from the Transporter.

For each category (untreated and treated) enter the quantity of waste (in pounds) that you received from the transporter during the reporting period. If you did not receive waste in one of the categories, enter "0" for that category.

SECTION V. TRANSPORTER IDENTIFICATION (RMW offered for disposal)

Boxes 11 and 12 require the submittal of information regarding the transporters to which you offered regulated medical waste that you have reported to have received in sections III and IV for transport during the period marked in Box 1.

Box 11. Total Number of Transporters to whom

Regulated Medical Waste was offered/delivered.

Enter the total number of transporters to which you offered regulated medical waste during the reporting period. If you did not offer/deliver any regulated medical waste to a transporter during the reporting period, enter "0" in the box and skip this section.

Box 12. Identity of Transporters.

Complete Boxes 12A and 12B identifying each individual transporter to which you offered/delivered regulated medical waste. This form provides spaces for identification of four transporters. If you offered/delivered to more than four transporters, copy this page as needed and provide the requested information for each. The number of transporters entered in Box 11 must equal the number of transporters identified in Box 12.

12A. Name and Location.

Enter the name and address representing the physical location where the transporter is located.

12B. Quantity of Regulated Medical Waste Received from the Transporter.

For each category (untreated and treated) enter the quantity of waste (in pounds) that you offered/delivered to the transporter during the reporting period. If you did not deliver waste in one of the categories, enter "0" for that category.

SECTION VI. TRANSFER STATION/TRANSFER FACILITY IDENTIFICATION

Boxes 13 and 14 require the submittal of information regarding the Transfer Station or Transfer Facility which accepted the regulated medical waste that you have reported to have received in Sections III and IV for disposal during the reporting period in Box 1. Complete this section when you directly delivered to a Transfer Station or Transfer Facility, the regulated medical waste that you have reported to have received in Sections III and IV.

Box 13. Total Number of Transfer Stations or Transfer Facilities to which Regulated Medical Waste was Delivered.

Enter the total number of transfer stations or transfer facilities to which you directly delivered regulated medical waste for disposal during the reporting period. This box should include all facilities (located in and out of New Jersey) to which the regulated medical waste listed in Boxes 8 and 10 were delivered. If you did not deliver any regulated medical waste to a transfer station or transfer facility during the reporting period, enter "0" in the box and do not continue with this section.

Box 14. Identity of Transfer Stations/Transfer Facilities.

Complete Boxes 14A and 14B identifying each individual transfer station or transfer facility to which regulated medical waste was delivered. Please check off type of facility for each listing. This form provides spaces for identification of four transfer stations or transfer facilities. If regulated medical waste was delivered to more than four stations/facilities, copy this page as needed and provide the requested information for each station/facility. The number of stations/facilities entered in Box 13 must equal the number of stations/facilities identified in Box 14.

14A. Name and Location.

Enter the name and address representing the physical location of the facility.

14B. Quantity of Regulated Medical Waste Accepted by Transfer Station/Transfer Facility.

For each category (untreated and treated) enter the quantity of waste (in pounds) which was delivered to the transfer station/transfer facility for disposal during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category.

SECTION VII. INTERMEDIATE HANDLER AND DESTINATION FACILITY IDENTIFICATION

Boxes 15 and 16 require the submittal of information regarding the intermediate handlers and destination facilities which accepted the regulated medical waste that you have reported to have received in Sections III and IV for disposal during the reporting period in Box 1. Complete this section when you directly delivered to an Intermediate Handler or Destination Facility, the regulated medical waste that you have reported to have accepted in Sections III and IV.

Box 15. Total Number of Intermediate Handlers and Destination Facilities to which Regulated Medical Waste was Delivered.

Enter the total number of intermediate handlers and destination facilities to which you directly delivered regulated medical waste for disposal during the reporting period. This box should include all facilities (located in and out of New Jersey) to which the regulated medical waste listed in Boxes 8 and 10 were delivered. If you did not deliver any regulated medical waste to an intermediate handler or destination facility during the reporting period, enter "0" in the box and do not continue with this section.

Box 16. Identity of Intermediate Handlers and Destination Facilities. Check one box that describes the facility to which the regulated medical waste was delivered.

Complete Boxes 16A and 16B identifying each individual intermediate handler and destination facility to which regulated medical waste was delivered. This form provides spaces for identification of four facilities. If regulated medical waste was delivered to more than four facilities, copy this page as needed and provide the requested information for each facility. The number of facilities entered in Box 15 must equal the number of facilities identified in Box 16.

16A. Name and Location.

Enter the name and address representing the physical location of the facility.

16B. Facility Type.

Enter one of the following codes that best classifies the type of facility:

<u>Code</u>	<u>Facility Type</u>
22 ..	Landfill
33 ..	Incinerator
44 ..	Treatment Facility (other than incinerator)
55 ..	Destruction Facility (other than incinerator)
66 ..	Treatment & Destruction Facility (other than incinerator)

16C. Quantity of Regulated Medical Waste Accepted by

Intermediate Handler/Destination Facility.

For each category (untreated and treated) enter the quantity of waste (in pounds) which was delivered to the intermediate handler or destination facility for disposal during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category.

SECTION VIII. FINAL DISPOSAL FACILITY IDENTIFICATION

Boxes 17 and 18 require the submittal of information regarding the facilities which accepted for final disposal, the regulated medical waste that you have reported to have delivered in Sections V and VI during the reporting period in Box 1. Complete this section if you did not directly deliver to a facility for final disposal, the regulated medical waste that you have reported to have accepted in Sections III and IV.

Box 17. Total Number of Facilities which Accepted Regulated Medical Waste for Disposal.

Enter the total number of facilities which accepted regulated medical waste for disposal during the reporting period. This box should include all facilities (located in and out of New Jersey) that accepted the regulated medical waste listed in Boxes 12 and 14 under Transporter or Transfer Facility.

Box 18. Identity of Final Disposal Facilities.

Complete Boxes 18A and 18B identifying each individual facility which accepted for disposal, regulated medical waste. This form provides spaces for identification of four facilities. If more than four facilities accepted the regulated medical waste, copy this page as needed and provide the requested information for each facility.

The number of facilities entered in Box 17 must equal the number of facilities identified in Box 18.

18A. Name and Location. Enter the name and address representing the physical location of the facility.

18B. Facility Type. Enter one of the following codes that best classifies the type of facility:

<u>Code</u>	<u>Facility Type</u>
22 ..	Landfill
33 ..	Incinerator
44 ..	Treatment Facility (other than incinerator)
55 ..	Destruction Facility (other than incinerator)
66 ..	Treatment & Destruction Facility (other than incinerator)

18C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility. For each category (untreated and treated) enter the quantity of waste (in pounds) that the facility accepted for disposal during the reporting period. If waste in one of the categories was not accepted by the facility, enter "0" for that category.

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Note: In the interest of easing paperwork burdens where feasible and to simplify data collection and management, RMW commercial collection facilities may wish submit the annual report in an electronic data processing (EDP) format in lieu of the usual "hard copy" or paper format. If you are interested in this procedure, please call the Bureau at (609) 984-6985.

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