

NEW JERSEY REGULATED MEDICAL WASTE TRANSPORTER 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

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This report must be submitted by transporters that accept and transport regulated medical waste in the State of New Jersey.

You must be registered with Compliance & Enforcement as a regulated medical waste transporter. If you are not registered, please contact the Licensing & Registration Unit at (609) 292-7081.

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

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|------------------------------------|---|-------------------------------|
| Deadline for report submission is: | <u>Reporting Period</u> | <u>Submission Date</u> |
| | 7/1/___ (previous year) to 6/30/___ (current year) | 7/30/___ (current year) |

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Please read instructions carefully before completing this form.
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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.35 - 36 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 transporter.

WHO MUST COMPLETE THIS FORM ?

This report must be completed by transporters, including generators that self transport their own waste, and 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 transporters of regulated

medical waste that held permits to accept or have accepted, for transport, 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 transporter report form records information on the source and disposition of regulated medical waste handled by a transporter. The form is divided into six sections:

- I. Transporter Identification Information**
- II. Disposition Information**
- III. Generator Identification**
- IV. Second Transporter and Transfer Facility Identification**

V. Intermediate Handlers and Destination Facility Identification

VI. Final Disposal Facility Identification

WHEN TO COMPLETE THE REPORT ?

Complete the transporter report using the information that can be obtained from the tracking forms and transporter 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-VI) each type of transporter must complete.

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

SECTION I. TRANSPORTER IDENTIFICATION INFORMATION

Box 1. Reporting Period.

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

Box 2. Transporter Name and Mailing Address.

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

Box 3. NJDEP Identification Number.

Enter the 5 digit NJDEP Regulated Medical Waste Transporter Identification Number.

Box 4. Certification for Intermediate Transporter.

Transporters that (1) solely accept regulated medical waste from other transporters and (2) deliver such waste only to another transporter for further movement, are considered "intermediate transporters" and need only complete Boxes 1 through 6. If you are an intermediate transporter, mark an "X" in the box corresponding to "Yes" and enter your signature after the box. If you are not an intermediate transporter, mark an "X" in the box corresponding to "No". In both cases, continue on to Box 5.

Box 5. Contact Person. Enter the name, title and telephone number of the person who is most knowledgeable about your transportation operations, or the person who is responsible for the information in the report.

Box 6. 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.

If you are an intermediate transporter during the reporting period in Box 1, you do not need to complete the remaining sections of this report. If, however, you accepted regulated medical waste directly from a generator in New Jersey, or if you delivered such waste to an intermediate handler or destination facility during the reporting period in Box 1, continue with Sections II, III, IV, V and VI and follow the instructions.

SECTION II. DISPOSITION INFORMATION

This section requires submittal of information on the quantities of regulated medical waste you transported during the reporting period in Box 1.

Box 7. 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 transport during the reporting period. The total quantity of waste should include only the regulated medical waste you transported 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 second transporter or transfer facility and (2) to an intermediate handler or destination facility. Please DO NOT double count the RMW you are reporting. RMW that you delivered to a second transporter or transfer facility should not also be reported in the Intermediate Handler or Destination Facility column. 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 8. Total Number of Generators from whom Regulated Medical Waste was Accepted.

Enter the total number of generators from whom you accepted regulated medical waste for transport 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 to Section IV.

Box 9. Identity of Generators.

Complete Boxes 9A through 9E on each individual generator from whom you 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 8 must equal the total number of all generators identified in Box 9.

Box 9A. 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 accepted).

Box 9B. 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 | 5 .. | 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 9C. 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.

| <u>Code</u> | <u>Generator Type</u> |
|-------------|--|
| 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).

9D. 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."

9E. 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 9A 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 9A through 9E 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 9A through 9E) is submitted in this format; all other information must be submitted using the New Jersey Regulated Medical Waste Transporter

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 Transporter 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. SECOND TRANSPORTER AND TRANSFER FACILITY IDENTIFICATION

Boxes 10 and 11 require the submittal of information regarding the second transporters and transfer facilities to which you delivered regulated medical waste during the period marked in Box 1.

Box 10. Total Number of Second Transporters and Transfer Facilities to which Regulated Medical Waste was Delivered.

Enter the total number of second transporters and transfer facilities to which you delivered regulated medical waste 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 Box 7. If you did not deliver any regulated medical waste to a second transporter or transfer facility during the reporting period, enter "0" in the box and skip to Section V.

Box 11. Identity of Second Transporters and Transfer Facilities.

Check one box that describes the facility the regulated medical waste was delivered to. Complete Boxes 11A and 11B identifying each individual second transporter and transfer facility to which you delivered regulated medical waste generated in New Jersey. This form provides spaces for identification of four facilities. If you 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 10 must equal the number of facilities identified in Box 11.

11A. Name and Location.

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

11B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility.

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

SECTION V. INTERMEDIATE HANDLER AND DESTINATION FACILITY IDENTIFICATION

Boxes 12 and 13 require the submittal of information regarding the intermediate handlers and destination facilities which accepted the regulated medical waste that you have reported to have picked up in Section III 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 for transport in Section III.

Box 12. 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 Box 7 was 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 13. Identity of Intermediate Handlers and Destination Facilities. Check one box that describes the facility to which the regulated medical waste was delivered. Complete Boxes 13A and 13B identifying each individual

intermediate handler and destination facility to which regulated medical waste generated in New Jersey 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 12 must equal the number of facilities identified in Box 13.

13A. Name and Location.

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

13B. 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) |

13C. 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 VI. FINAL DISPOSAL FACILITY IDENTIFICATION

Boxes 14 and 15 require the submittal of information regarding the facilities which accepted for final disposal, the regulated medical waste that you have reported to have delivered to facilities in Section IV 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 for transport in Section III.

Box 14. 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 Box 7 under Second Transporter or Transfer Facility.

Box 15. Identity of Final Disposal Facilities.

Complete Boxes 15A and 15B identifying each individual facility which accepted for disposal, regulated medical waste generated in New Jersey. 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 14 must equal the number of facilities identified in Box 15.

15A. Name and Location. Enter the name and address representing the physical location of the facility.

15B. 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) |

15C. 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 transporters 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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