

APPENDIX I

GENERAL INSTRUCTIONS FOR COMPLETING THE MEDICAL WASTE TRACKING FORM

The Rules and Regulations Governing the Generation, Transportation, Storage, Treatment Management and Disposal of Regulated Medical Waste in Rhode Island require generators, transporters, intermediate handlers, and owners and operators of destination facilities (i.e. treatment, destruction or disposal facilities) to use this form for both inter- and intrastate transportation of regulated medical waste. Generators shall obtain the Medical Waste Tracking Form from:

Rhode Island Department of Environmental Management
Office of Waste Management
235 Promenade Street
Providence, RI 02908-5767

The Rules and Regulations Governing the Generation, Transportation, Storage, Treatment Management and Disposal of Regulated Medical Waste in Rhode Island require generators, transporters, intermediate handlers, and destination facilities to complete the form according to the following instructions:

MEDICAL WASTE TRACKING FORM SPECIFIC INSTRUCTIONS

The generator completes Items 1-15, the transporter and/or intermediate handlers completes Items 16-21, and the owner or operator of the destination facility completes Items 22-23. The transporter may assist the generator in completing any of the items, but the generator is responsible for ensuring the accuracy of information entered on the form and shall sign Item 15 after Items 1-14 are completed.

- Item 1. **Generator's Name and Mailing Address.** Enter the name and mailing address of the generator. The mailing address shall be for the location where the generator's tracking forms will be handled for purposes of recordkeeping and exception reporting (e.g., the generator's billing office, corporate headquarters, or the actual site of generation).

While the address entered here need not identify the particular site of generation, the generator shall maintain its records so that each shipment of regulated medical waste, as defined by a unique Tracking Form Number, can be associated with the actual sites of generations.

- Item 2. **Tracking Form Number.** This is the unique number that the generator must assign to each shipment of regulated medical waste. It will ensure that each individual shipment can be identified and independently tracked from the site of generation.

- Item 3. **Telephone Number.** Enter the telephone number for the generator representative who can provide additional information about the shipment in the event of an emergency, or in the event the transporter, intermediate handler or destination facility requires it for

other reasons (e.g., to inform the generator that an alternative disposal facility must be used).

- Item 4. **RI Regulated Medical Waste Generator Registration Number.** This is the unique Registration Number assigned to a generator of Regulated Medical Waste pursuant to Section 16.00 of the Rules and Regulations Governing the Generation, Transportation, Storage, Treatment Management and Disposal of Regulated Medical Waste in Rhode Island. A Generator is not permitted to ship regulated medical waste generated in Rhode Island without a current valid Regulated Medical Waste Generator Registration Number.
- Item 5. **Transporter's Name and Mailing Address.** Enter the name and address of the regulated medical waste transporter who will be the first transporter of the waste listed on the tracking form. The mailing address shall be the business mailing address of the transporter.
- Item 6. **Telephone Number.** Enter the telephone number of the transporter that the generator, intermediate handler or destination facility may call to obtain information regarding medical waste shipments.
- Item 7. **RI Regulated Medical Waste Transporter Permit Number.** Enter the RI Medical Waste Transporter Permit Number issued to the Transporter by the RI Department of Environmental Management. A Transporter is not permitted to carry regulated medical waste generated in Rhode Island without a current valid Regulated Medical Waste Transporter Permit.
- Item 8. **Destination Facility Name and Address.** The generator shall enter the name and site address of the off-site destination facility (i.e., treatment and destruction or disposal facility) that the generator has specified to receive the regulated medical waste. If the generator does not have this information, the transporter may complete this section, but only before the generator signs the form.
- Transfer facilities, other temporary storage facilities used by transporters for storage of waste during ordinary transport, and/or intermediate handlers used by the generator or transporter to either treat or destroy the waste (but not both) shall not be listed as the destination facility.
- Item 9. **Telephone Number.** Enter the destination facility's telephone number which a generator or transporter may call to obtain information regarding the status of a shipment.
- Item 10. **State Permit or ID Number.** This Item is only completed if the destination facility is located in Rhode Island. Otherwise enter "N/A".

Item 11. **Waste Description.** All regulated medical waste shall be categorized as Regulated Medical Waste (Untreated) [Item 11(a)] or Regulated Medical Waste (Treated) [Item 11(b)]. Definitions of untreated and treated regulated medical waste are contained in Section 5.00 of the Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste in Rhode Island. The generator shall determine the category of all regulated medical waste being offered for transport before completing Items 12 and 13.

Item 12. **Total Number Containers.** Enter the total number of containers (e.g., bags, boxes, pails, drums, etc.) for each of the applicable waste categories in the corresponding space. An entry is required for each space. Enter "NONE" if necessary.

Item 13. **Total Weight.** Enter the total weight of the waste by applicable waste category in the corresponding space. If the waste is oversized and is not packaged in a standard container, a volumetric measure may be used. However, the unit of measure shall be noted in that space as well. An entry is required for each space. Enter "NONE" if necessary.

Item 14. **Special Handling Instructions and Additional Information.** Generators may use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information, including alternative treatment and/or disposal facility information, if necessary. Generators may also include in this box a written request for the destination facility to certify disposal of the regulated medical waste through signature and dating within this box. (Note: The signature in the Destination Facility Certification Item (Item 22) is only to be used to certify receipt of the waste at the time of delivery to the facility.)

For international shipments, generators shall enter in this space the point of departure City and State for those wastes destined for treatment and destruction, or disposal outside the United States. This space may also be used if there is need to identify an intermediate handler and/or a third transporter.

This space should also be used to provide special instructions or additional information regarding oversized regulated medical waste that cannot be easily packaged in plastic bags or standard containers. In these instances, enter a description of the waste including whether the waste is untreated or treated, the number of pieces, and the approximate total weight.

Item 15. **Generator's Certification.** The generator must read, sign by hand, date this certification statement and enter the name of the generator into the certification statement. The person signing the statement must be authorized to make the required declarations, in writing, by the person in charge of the generator's operations. The generator must make certain that Items 1-14 are completed prior to signing the form.

- Item 16. **Transporter 1 Certification of Receipt.** The first transporter is required to acknowledge the acceptance of the waste shipment from the generator by signing the form in this space and recording the date of acceptance. Any discrepancies or other related information should be noted in the Discrepancy Item (Item 23) of the tracking form before signing it. In those instances when a transporter initiates a tracking form, he must complete Items 1-15 and must also certify receipt as transporter 1, if he is also the first transporter as identified in Item 5 (Transporter's Name and Mailing Address).
- Item 17. **Transporter 2 or Intermediate Handler Name and Address.** In the event the waste shipment is to be transported by a second transporter or is taken to an intermediate handler, the recipient must enter its name and business mailing address information in this place.
- Item 18. **Telephone Number.** Enter the telephone number of the second transporter or intermediate handler to be used when checking or investigating the status of a shipment.
- Item 19. **Transporter 2 or Intermediate Handler RI Regulated Medical Waste Transporter Permit Number.** If applicable, enter the RI Regulated Medical Waste Transporter Permit Number of the secondary transporter or intermediate handler. [See instructions for Item 7.]
- Item 20. **Transporter 2 or Intermediate Handler Certification of Receipt.** A secondary transporter or intermediate handler is required to certify acceptance of the waste shipment by printing or typing the name of the person accepting the waste, recording the date of acceptance, and signing the form. Any discrepancies or other related information shall be noted in the Discrepancy Item (Item 23) of the tracking form before signing this box.
- Item 21. **New Tracking Form Number.** If the regulated medical waste shipment is consolidated or reassigned to a new tracking form, the new tracking form number must be recorded in this box on the original generator's form.
- Item 22. **Destination Facility.** The authorized representative of the destination facility certifies receipt and acceptance of the shipment on behalf of the owner of the facility by completing this box. If no discrepancies are noted, the authorized representative should place a checkmark before the statement "received in accordance with Items 11, 12, and 13," print or type his name, record the date of acceptance, and sign the box.

If there are any discrepancies he should not place a check there. He should, instead, note the discrepancies in Item 23.

If for some reason the regulated medical waste was delivered to a facility other than that indicated in Item 8, then the authorized representative of the facility that accepted the waste completes Item 14

by entering the name, address, telephone number and the facility permit or identification number, if any, of the facility accepting the waste.

- Item 23. **Discrepancy Item.** The authorized representative of the destination (or alternate) facility, on behalf of the owner or operator, shall note any discrepancy between the waste described on the tracking form and the waste actually received at the facility. All discrepancies shall be noted by inclusion in Item 23. Owners and operators of facilities who cannot resolve discrepancies within fifteen (15) days of receiving a waste shipment shall file a discrepancy report, as required in Section 15.04 of the Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste in Rhode Island. Discrepancy reports shall be submitted to:

Rhode Island Department of Environmental Management
Office of Waste Management
235 Promenade Street
Providence, RI 02908-5767

[Note: In some instances, due to the consolidation or remanifesting provisions of this part, transporters and intermediate handlers may also need to record discrepancies.]

MEDICAL WASTE TRACKING FORM

DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
 DIVISION OF WASTE MANAGEMENT
 251 Promenade Street
 Providence, R.I. 02903-5767
 Telephone: 277-2797

INSTRUCTIONS FOR COMPLETING MEDICAL WASTE TRACKING FORM Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter Copy 4 - GENERATOR COPY: Retained by Generator As required under Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste in Rhode Island: 1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste being transported within Rhode Island. 2. Items numbers 1 - 14 must be completed before the generator can sign the certification. Item 22 must be completed by the destination facility. For assistance in completing this form, contact DEM at 277-2771 or 277-2797 of the Department of Health at 277-9404.	
INSTRUCTIONS	
TRANSPORTER	
DESTINATION	
1. Generator's Name and Mailing Address 2. Tracking Form Number 3. Telephone Number () 4. RI Generator Registration No. 5. Transporter's Name and Mailing Address 6. Telephone Number () 7. RI Transporter Permit No. 8. Telephone Number () 9. Destination Facility Name and Address 10. State Permit or ID No.	11. Waste description 12. Total No. Containers 13. Total Weight a. Regulated Medical Waste (Untreated) b. Regulated Medical Waste (Treated)
14. Special Handling Instruction and Additional Information	
15. Generator's Certification Under penalty of civil or administrative action for the making or submission of false statements, representations, or omissions, I declare, on behalf of the generator that the contents of this certification are fully and accurately described above and are classified, packaged, marked, and labeled in accordance with all applicable state and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.	
Printed/Typed Names _____ Signature _____ Date _____	
16. Transporter 1 (Certification of Receipt of Regulated Medical Waste as described in items 11, 12, & 13). Printed/Typed Name _____ Signature _____ Date _____ 17. Transporter 2 or Intermediate Handler (name and address) 18. Telephone Number _____ 19. State Transporter Notification # _____	
20. Transporter 2 or Intermediate Handler (Certification of receipt of Regulated Medical Waste as described in items 11, 12 & 13) Printed/Typed Name _____ Signature _____ Date _____	
21. New Tracking Form Number (for consolidated or remanufactured waste)	
22. Destination Facility (Certification of receipt of Regulated Medical Waste as described in items 11, 12 & 13) <input type="checkbox"/> Received in accordance with items 11, 12, & 13 Printed/Typed Name _____ Signature _____ Date _____ (If other than destination facility, indicate address, phone and permit or ID # in box 14).	
23. Discrepancy Box (Any discrepancies should be noted by item number and label).	