

Appendix VIII

REGULATED MEDICAL WASTE

SMALL-QUANTITY GENERATOR REPORT

1. Reporting Period

January 1, 20____ to June 30, 20____

July 1, 20____ to December 31, 20____

2. Generator (Facility) Name and Mailing Address

Name

Address

City

State

Zip Code

3. Generator Type

01 - Hospital

04 - Physician

07 - Long-term Care

02 - Laboratory

05 - Dentist

08 - Blood Bank

03 - Clinic/HMO

06 - Veterinarian

09 - Funeral Home

10 - Other _____

4. Regulated Medical Waste Generator ID Number: _____

5. Contact Person

Name

Title

Telephone Number

6. Destination Site(s)

How is waste transported to this site? _____

(1) _____
Name

Address

City

State

Zip Code

How is waste transported to this site? _____

(2) _____
Name

Address

City

State

Zip Code

7. Quantity of Waste Transported Off-Site During Reporting Period

Destination Site (1): Treated _____ (lbs.) Untreated _____ (lbs.)

Destination Site (2): Treated _____ (lbs.) Untreated _____ (lbs.)

Mail Completed report to:

**Department of Health
Office of Environmental Health Risk Assessment
3 Capitol Hill
Room 208 Cannon Building
Providence, RI 02908-5067**