

INSTRUCTIONS FOR
INFECTIOUS WASTE GENERATOR REGISTRATION PROCESS
PLEASE TYPE OR PRINT LEGIBLY

1. WASTE PRODUCER INFORMATION Please check the name of the business, or person producing the waste; the address of the actual location of the site and mailing address; the name of a contact person and phone number. Please write the information off to the side if different.

2. WASTE PRODUCER STATUS To determine the waste producer status, use an Infectious Waste Manifest Form to calculate the amount of waste produced for the last 12 months or call your waste management company. Then add the categories of (a.) through (g.) and enter the weight on the line for a total amount of waste generated.

3. INFECTIOUS WASTE MANAGEMENT PRACTICES

Are you currently or do you expect to:

- | | |
|--|-------------------------------|
| A. Treat infectious waste on site? | Yes or <u>No</u> (Circle one) |
| B. Send infectious waste off Site? | <u>Yes</u> or No (Circle one) |
| C. Produce any radioactive waste on site? | Yes or <u>No</u> (Circle one) |
| If yes, do you screen the waste for radioactive? | Yes or No (Circle one) |

4. DISPOSAL

How do you dispose of your infectious waste?

1. Landfill _____
2. Management Company Stericycle, Inc.
3. Other _____

5. CERTIFICATION

I certify under penalty of law that I have personally examined and I am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

[Signature] TW Campbell Sr MD 1/8/09
Signature Name and Official Title (type or print) Date Signed

PLEASE COMPLETE AND MAIL LETTER TO:

SC DHEC-Infectious Waste Section
2600 Bull Street
Columbia, SC 29201-1708

Website: www.scdhec.net/lwm/html/infect.html