

**NOTICE:** This form is authorized by s.NR526.15, Wis. Adm. Code. Completion of this form is mandatory unless the facility is exempt under both ss.NR 526.14(2) and 526.16(2), Wis Adm. Code. Failure to submit a completed report to the Department of Natural Resources is punishable by a forfeiture of not less than \$10 nor more than \$5000 [s.299.97, Wis. Stats.]. Personally identifiable information on this form will be used for administering the Infectious Waste Program and is not intended to be used for any other purpose.  
**DO NOT SEND THE \$55 FILING FEE NOW. You will be billed later.**

**Part I - Facility Information**

|  |  |                     |
|--|--|---------------------|
| Name of Infectious Waste Generator<br>OB-GYN ASSOCIATES    | Facility Identification No. (FID)<br>405181810 | Report Year<br>2008 |
| <b>Generator Location DO EXEMPTION STATUS BOX FIRST</b>    |  |                     |
| Street Address of Generator<br>704 S WEBSTER AVE 3RD FLOOR |  |                     |
| City<br>GREEN BAY  | State<br>WI                                    | Zip Code<br>54301   |
| County<br>BROWN  |  |                     |
| Owner<br>OB-GYN ASSOCIATES                                 |  |                     |

**Exemption Status** Read instructions carefully

Check if exempt from Part II.  
You may be required to report under Part III.

Check if exempt from Part III.  
You may be required to report under Part II.

Check if exempt from Parts II and III. Go to Part IV, sign and date the report, and send back to DNR.

Should DNR send you an annual report next year?  
 Yes  No If not, why not? \_\_\_\_\_

**Generator Type** -Check all that apply

170 Hospital  
 171 Nursing Home  
 172 Physician office or clinic  
 173 Dental office or clinic  
 174 Veterinary office or clinic  
 175 Clinical laboratory (freestanding)  
 176 Dialysis clinic (freestanding)  
 177 Other - Specify: \_\_\_\_\_

If you checked more than one, which one generated the most infectious waste? \_\_\_\_\_

**Part II - Off-Site Treatment Report**

To be submitted by all infectious waste generators unless exempt.  
Cross out any incorrect information and update it.

First off-site treatment facility name, from manifests  
Stericycle - per call to Maureen

Treatment facility address  
14035 Leetsbir

City State Zip Code  
Startevant WI 53177

First Treatment facility DNR Facility Identification Number (FID) \_\_\_\_\_

**Infectious Waste Type** -Check all that apply

W421 Sharps  
 W422 Human tissue  
 W423 Bulk blood and body fluids from humans  
 W424 Microbiological laboratory waste  
 W425 Tissue, bulk blood or body fluids from animals carrying zoonotic infectious agents

Second off-site treatment facility name, from manifests \_\_\_\_\_

Treatment facility address \_\_\_\_\_

City State Zip Code \_\_\_\_\_

**Infectious Waste On-site Activities** -Total weights in reporting year  
Please round up to nearest pound.

A. Infectious waste generated on-site 1100 lbs.  
B. Accepted from other Wisconsin generators \_\_\_\_\_ lbs.  
C. Accepted from out-of-state generators \_\_\_\_\_ lbs.  
D. Treated on-site \_\_\_\_\_ lbs.  
E. Transported off-site for treatment 1100 lbs.

Second Treatment facility DNR Facility Identification Number (FID) \_\_\_\_\_

Report any additional treatment facilities on an attachment.

**Manifest summary**

H. Total amount of infectious waste manifested 1100 lbs.  
I. Amount of waste accounted for by return manifests 1100 lbs.  
J. Total number of manifests not yet returned to generator 0

**FOR DNR USE ONLY - LEAVE BLANK**

Date Stamp - Date form was received \_\_\_\_\_ Items missing or incomplete: \_\_\_\_\_ Follow-up done (date, action, initials): \_\_\_\_\_

*R*

*Waste Manifest*

*Waste Generator: OB-GYN ASSOCIATES*

Needs FID  Needs folder  
 Verify exemption  Verified on: \_\_\_\_\_  
 Exempt  
 Non-exempt, complete  
 Non-exempt, incomplete  
Logged in \_\_\_\_\_ by \_\_\_\_\_  Follow-up needed:  call  E-Mail  letter

IW data complete, ready to enter  
Log updated 3-3-09 by SH  
SHWIMS data entered \_\_\_\_\_ by \_\_\_\_\_  
IW data entered \_\_\_\_\_ by \_\_\_\_\_