



# Infectious Waste Small Quantity Generator Registration Form

## Bureau of Land and Waste Management

### Official Use Only:

S.C. Generator Identification Number: \_\_\_\_\_ G \_\_\_\_\_

### 1. Notification Information

First Notification

Renewal Notification

Change Information

### 2. Waste Producer Information

Name of waste producer (Name of facility or practice) \_\_\_\_\_ Facility Type Code (See instructions for codes) [ ]

Street address (not mailing address) \_\_\_\_\_

City \_\_\_\_\_ County Code (See instructions for codes) [ ] State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of legal owner/operator \_\_\_\_\_

Name of contact person/title \_\_\_\_\_

( ) - Ex. # \_\_\_\_\_ Contact phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

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

### 3. Waste Producer Status

Categories of waste generated and the reported amount

a.) sharps \_\_\_\_\_ lbs/per month

b.) microbiological \_\_\_\_\_ lbs/per month

c.) blood/blood products \_\_\_\_\_ lbs/per month

d.) pathological \_\_\_\_\_ lbs/per month

e.) animal wastes \_\_\_\_\_ lbs/per month

f.) isolation waste \_\_\_\_\_ lbs/per month

g.) other \_\_\_\_\_ lbs/per month

Total amount of waste generated = \_\_\_\_\_ lbs/per month

Did you use an Infectious Waste Manifest to calculate the amount waste generated? Yes  No

#### 4. Infectious Waste Management Practices

Are you currently or do you expect to:

a. Treat infectious waste on site?  Yes  No

b. Send infectious waste off site?  Yes  No

c. Produce any radioactive waste on site?  Yes  No

1) If yes, do you screen the waste before it is sent off site?  Yes  No

2.) If no, why not? \_\_\_\_\_

#### 5. Disposal

How do you dispose of your infectious waste?

1.  Landfill \_\_\_\_\_

2.  Management Company \_\_\_\_\_

3.  Other \_\_\_\_\_

#### 6. Certification

I certify under penalty of law that I have personally examined and 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

\_\_\_\_\_  
Name and Official Title (type or print)

\_\_\_\_\_  
Date Signed