

	Waste Producer's Name and Mailing Address:     2. Manifes		n Number:		EMERGENCY RESPONSE NUMBER: ( )	)			
		SC  4. State Waste Producer's Registration ID No.:  SC G  6. Transporter's Telephone Number ( )			INSTRUCTIONS FOR COMPLETING INFECTIOUS WASTE MANIFEST FORM  Copy 1 — WASTE PRODUCER COPY: Mailed by Destination Facility to Waste Producer  Copy 2 — DESTINATION FACILITY COPY: Retained by Destination Facility  Copy 3 — TRANSPORTER COPY: Retained by Transporter  Copy 4 — WASTE PRODUCER COPY: Retained by Waste Producer  As required under R.61-105  1. This multicopy (4-page) shipping document must accompany each shipment of infectious medical waste.				
	DOT/ICC	ID No.: SC	orter's Registration T acility's Telephone	ν 2 -	<ul> <li>name of the original Waste Producer. Item 22 must be completed by the destination facility.</li> <li>For assistance in completing this form, contact SCDES (803) 896-4000.</li> <li>Transporter's Certification:</li> </ul>				
CER		( )	or ID No.:		I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations or omissions, that I have read, understand and will comply with the South Carolina Infectious Waste Managemen Regulation R.61-105 and the U.S. Department of Transportation 49 CFR Parts 100–397.  Printed/Typed Name Signature Date				
TEPRODUC	11. US DOT Description: (Including proper shipping name, hazard class and I.D. number)  a. Regulated Medical Waste, 6.2, UN3291, PG II.  b.	12. Total No. Containers:	13. Total Weight:	TRANSP	17. Transporter 2 or Intermediate Handler:	18. Transporter's Tel  ( )  19. State Transporter  Registration ID N	r's		
WAST	14. Special Handling Instructions and Additional Information:  15. Waste Producer's Certification:  This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.				20. Transporter 2 or Intermediate Handler: (Certification of Figure 12 and 13)  Printed/Typed Name Signature  21. New Manifest Form Number: (for consolidated or remains 22. Destination Facility: (Certification of Receipt of Infectious Williams).	Receipt of Infectious Waste as	described in items 11,		
	Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the Waste Producer, that the contents of this consignment are fully and accurately described above and are classified, packaged, marked and labeled in accordance with the State of South Carolina Regulation R.61-105 and U.S. Department of Transportation 49 CRF Parts 100–180; that this shipment does not contain regulated quantities of RCRA hazardous and/or radioactive waste. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.			DESTIN	Printed/Typed Name Signature (Certification of adequate treatment of Infectious Waste as described  Printed/Typed Name Signature  23. <b>Discrepancy Box:</b> (Any discrepancies should be noted by	, 	Date  Date		
	Printed/Typed Name Signature		Date						



	Waste Producer's Name and Mailing Address:	2. Manifest Forn	n Number:		EMERGENCY RESPONSE NUMBER: ( )				
,,	O T-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	SC  4. State Waste Producer's Registration ID No.:  SC - G		TIONS	Copy 1 — WASTE PRODUCER COPY: Mailed by Destination Facility to Waste Producer Copy 2 — DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 — TRANSPORTER COPY: Retained by Transporter				
-				၂ ၁	Copy 4 — WASTE PRODUCER COPY: Retained by Waste Producer				
	5. Transporter's Name and Mailing Address:	Telephone Number	- N	As required under R.61-105					
	(			ST	1. This multicopy (4-page) shipping document must accompany each shipment of infectious medical waste.				
			orter's Registration	Z	2. Items number 1–14 must be completed before the waste producer can sign the certification. Item 15 must state the				
		ID No.:			name of the original Waste Producer. Item 22 must be completed	•			
	T/ICCT			For assistance in completing this form, contact SCDES (803) 896-4000.					
	8. Destination Facility Name and Address:  9. Destination Facility Number  ( )  10. State Permit or I		acility's Telephone		The state of the s	Transporter's Certification:			
			( )		I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representa- tions or omissions, that I have read, understand and will comply with the South Carolina Infectious Waste Management				
_			- ID No.	_	Regulation R.61-105 and the U.S. Department of Transportation				
E E			<u>~</u>						
ပ				P 0	Printed/Typed Name Signature		Date		
חם		12. Total No.	13. Total Weight:	Total Weight: 0 17. Transporter 2 or Intermediate Handler:	17. Transporter 2 or Intermediate Handler:	18. Transporter's	Telephone Number:		
0	(Including proper shipping name, hazard class and I.D. number)  Containers:			Z		( )			
P R	a. Regulated Medical Waste, 6.2, UN3291, PG II.			2		19. State Transpor			
ш				-	707/100	Registration ID			
-	b.				DOT/ICC	SC	<del></del>		
S A					20. <b>Transporter 2 or Intermediate Handler:</b> (Certification of Receipt of Infectious Waste as described in 12 and 13)				
× ×	14. Special Handling Instructions and Additional Information:				12 and 13)				
					District Towns No.		Data		
					Printed/Typed Name Signature				
					21. New Manifest Form Number: (for consolidated or rema	nifested waste)			
	15. Waste Producer's Certification: This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the Waste Producer, that the contents of this consignment are fully and accurately described above and are classified, packaged, marked and labeled in accordance with the State of South Carolina Regulation R.61-105 and U.S. Department of Transportation 49 CRF Parts 100–180; that this shipment does not contain			0	22. <b>Destination Facility:</b> (Certification of Receipt of Infectious W	laste as described in items	11. 12 and 13)		
				ΑT			,,		
				ESTIN	Printed/Typed Name Signature		Date		
					(Certification of adequate treatment of Infectious Waste as described	I in items 11, 12 and 13)	Date		
					(				
	regulated quantities of RCRA hazardous and/or radioactive waste. I am aware				Printed/Typed Name Signature		Date		
	submitting false information including the possibility of fines and imprisonment.				23. <b>Discrepancy Box:</b> (Any discrepancies should be noted by	by item number and initi			
							,		
	Printed/Typed Name Signature		Date						



	1. Waste Producer's Name and Mailing Address:	2. Manifest Forr	n Number:		EMERGENCY RESPONSE NUMBER: ( )				
		SC		ဟ	INSTRUCTIONS FOR COMPLETING INFECT	TIOUS WASTE MANIFEST FORM			
		State Waste Producer's     Registration ID No.:		0   	Copy 1 — WASTE PRODUCER COPY: Mailed by Destination Facility to Waste Producer				
					Copy 2 — DESTINATION FACILITY COPY: Retained by Destination Facility				
	3. Telephone Number: ( ) SC G			CT	Copy 3 — TRANSPORTER COPY: Retained by Transporter				
	5. Transporter's Name and Mailing Address:	6. Transporter's Telephone Number:			Copy 4 — WASTE PRODUCER COPY: Retained by Waste Producer				
	5. Transporter's Name and Mailing Address:			. B	As required under R.61-105				
		7. State Transporter's Registration ID No.:		S	2. Items number 1–14 must be completed before the waste producer can sign the certification. Item 15 must state the name of the original Waste Producer. Item 22 must be completed by the destination facility.				
				Z					
				-					
[	OOT/ICC	SC			For assistance in completing this form, contact SCDES (803) 896-	4000.			
	8. Destination Facility Name and Address:  9. Destination Facility's Telephone			16. Transporter's Certification:					
	Number ( )  10. State Permit or ID No.:		ir		I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representa-				
				E S	tions or omissions, that I have read, understand and will comply		ous Waste Management		
<b>~</b> │			<b>₩</b>	Regulation R.61-105 and the U.S. Department of Transportation 49 CFR Parts	49 CFR Parts 100–397.				
ш С			0	Printed/Typed Name Signature Date					
	4. UQ DOT Decembrican	40 Total No	40 T-4-1104-1-1-4		17. Transporter 2 or Intermediate Handler:	18. Transporter's Tele			
ם ∣ '	<ol> <li>US DOT Description: (Including proper shipping name, hazard class and I.D. number)</li> </ol>	12. Total No. Containers:	13. Total Weight:	S	17. Transporter 2 of intermediate nationer.	/ \ \	ephone Number.		
<u>د</u> ا	a. Regulated Medical Waste, 6.2, UN3291, PG II.			<b>⊣</b> ∢		( )			
<u> </u>	a. Regulated Medical Waste, 6.2, 6140251, 1 6 ff.			2		19. State Transporter			
ш 📙				_ ⊢	707/100	Registration ID No			
	b.				DOT/ICC	SC			
S A					20. Transporter 2 or Intermediate Handler: (Certification of R	eceipt of Infectious Waste as	described in items 11,		
	14. Special Handling Instructions and Additional Information:				12 and 13)				
					Printed/Typed Name Signature		Date		
					21. New Manifest Form Number: (for consolidated or remanifested waste)				
1	5. Waste Producer's Certification:			0					
	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are				22. <b>Destination Facility:</b> (Certification of Receipt of Infectious Wa	aste as described in items 11,	12 and 13)		
	in proper condition for transportation according to the applicable regulations of the Department of Transportation.								
	Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or				Printed/Typed Name Signature		Date		
	omissions, I declare, on behalf of the Waste Producer, that the contents of this consignment are fully and accurately described above and are classified, packaged, marked and labeled in accordance with the State of South Carolina Regulation R.61-105 and U.S. Department of Transportation 49 CRF Parts 100–180; that this shipment does not contain				(Certification of adequate treatment of Infectious Waste as described	in items 11, 12 and 13)			
	regulated quantities of RCRA hazardous and/or radioactive waste. I am aware that there are significant penalties for				Printed/Typed Name Signature		Date		
	submitting false information including the possibility of fines and imprisonment.				23. <b>Discrepancy Box:</b> (Any discrepancies should be noted by	v item number and initials	)		
					(,	,			
P	rinted/Typed Name Signature		Date						



Waste Producer's Name and Mailing Address:	2. Manifest Form N	Number:		EMERGENCY RESPONSE NUMBER: ( )				
	SC		ဟ	INSTRUCTIONS FOR COMPLETING INFECT	IONS FOR COMPLETING INFECTIOUS WASTE MANIFEST FORM			
3. Telephone Number: ( )	4. State Waste Producer's		Z	Copy 1 — WASTE PRODUCER COPY: Mailed by Destination Facility to Waste Producer				
	Registration ID		0	Copy 2 — DESTINATION FACILITY COPY: Retained by Dest	tination Facility			
	SC	G	<b> </b>	Copy 3 — TRANSPORTER COPY: Retained by Transporter				
			O D	Copy 4 — WASTE PRODUCER COPY: Retained by Waste Producer				
5. Transporter's Name and Mailing Address:	6. Transporter's Te	elephone Number	- R	As required under R.61-105				
	( )	( ) H		1. This multicopy (4-page) shipping document must accompany each shipment of infectious medical waste.				
	7. State Transporter's Regis ID No.:	er's Registration	S	2. Items number 1–14 must be completed before the waste producer can sign the certification. Item 15 must state the				
			=	name of the original Waste Producer. Item 22 must be completed	by the destination facility.			
DOT/ICC	SC			For assistance in completing this form, contact SCDES (803) 896-4000.				
8. Destination Facility Name and Address:	9. Destination Fac	ility's Telephone		16. Transporter's Certification:				
	Number		~	I certify, under penalty of criminal and/or civil prosecution for ma	oly with the South Carolina Infectious Waste Managemen			
	( )		_ ш	Regulation R.61-105 and the U.S. Department of Transportation				
<u>~</u>	10. State Permit or	ID No.:	R T	Regulation R.o1-103 and the O.S. Department of Transportation				
<b>Ш</b>			0	Printed/Typed Name Signature		Date		
11. US DOT Description:	12. <b>Total No.</b> 1	3. Total Weight:	S P	17. Transporter 2 or Intermediate Handler:	18. Transporter's Telephone Number:			
(Including proper shipping name, hazard class and I.D. number		•	Z		( ) 19. State Transporter's			
a. Regulated Medical Waste, 6.2, UN3291, PG II.			RA			r'e		
			=		Registration ID N			
<b><u>H</u></b> b.			-	DOT/ICC	SC -			
<b>ω</b>				20. Transporter 2 or Intermediate Handler: (Certification of F				
4. Special Handling Instructions and Additional Informations			_	12 and 13)				
4. Special Handling Instructions and Additional Information:								
				Printed/Typed Name Signature		Date		
			z	21. New Manifest Form Number: (for consolidated or remanifested waste)				
15. Waste Producer's Certification:	5 Wasto Broducor's Cartification:				- /			
	ribad paakagad markad	and labeled and are	ATIO	22. <b>Destination Facility:</b> (Certification of Receipt of Infectious Waste as described in items 11, 12 and 13)				
	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.							
	Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the Waste Producer, that the contents of this consignment are fully and accurately			Printed/Typed Name Signature		Date		
omissions, I declare, on behalf of the Waste Producer, that the contents of th				(Certification of adequate treatment of Infectious Waste as described	in items 11. 12 and 13)	24.0		
described above and are classified, packaged, marked and labeled in accordance with the State of South Carolina Regulation R.61-105 and U.S. Department of Transportation 49 CRF Parts 100–180; that this shipment does not contain regulated quantities of RCRA hazardous and/or radioactive waste. I am aware that there are significant penalties for			В	(	, , , , , , , , , , , , , , , , , , , ,			
			۵	Printed/Typed Name Signature		Date		
submitting false information including the possibility of fines and imprisonment.				23. <b>Discrepancy Box:</b> (Any discrepancies should be noted by item number and initials)				
					Jy item number and initials	)		
Printed/Typed Name Signature		Date						