






INFECTIOUS WASTE MANIFEST FORM

Bureau of Land and Waste Management

WASTE PRODUCER	1. Waste Producer's Name and Mailing Address:		2. Manifest Form Number: SC		INSTRUCTIONS	EMERGENCY RESPONSE NUMBER: ()	
			4. State Waste Producer's Registration ID No.: SC _____ - _____ G			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. 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. For assistance in completing this form, contact SCDES (803) 896-4000.	
	3. Telephone Number: ()						
	5. Transporter's Name and Mailing Address: DOT/ICC _____		6. Transporter's Telephone Number: ()		TRANSPORTER	16. Transporter's Certification: 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 Management Regulation R.61-105 and the U.S. Department of Transportation 49 CFR Parts 100–397.	
			7. State Transporter's Registration ID No.: SC _____ - _____ T				
	8. Destination Facility Name and Address:		9. Destination Facility's Telephone Number ()			Printed/Typed Name _____ Signature _____ Date _____	
			10. State Permit or ID No.:				
	11. US DOT Description: (Including proper shipping name, hazard class and I.D. number)		12. Total No. Containers:	13. Total Weight:	DESTINATION	17. Transporter 2 or Intermediate Handler:	
	a. Regulated Medical Waste, 6.2, UN3291, PG II.			18. Transporter's Telephone Number: ()			
	b.			19. State Transporter's Registration ID No.: SC _____ - _____ T			
14. Special Handling Instructions and Additional Information:				20. Transporter 2 or Intermediate Handler: (Certification of Receipt of Infectious Waste as described in items 11, 12 and 13)			
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 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.				21. New Manifest Form Number: (for consolidated or remanifested waste)			
Printed/Typed Name _____ Signature _____ Date _____				22. Destination Facility: (Certification of Receipt of Infectious Waste as described in items 11, 12 and 13)			
				Printed/Typed Name _____ Signature _____ Date _____ (Certification of adequate treatment of Infectious Waste as described in items 11, 12 and 13)			
				Printed/Typed Name _____ Signature _____ Date _____			
				23. Discrepancy Box: (Any discrepancies should be noted by item number and initials)			

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	DOT/ICC _____		7. State Transporter's Registration ID No.: SC _____ - _____ T						
	8. Destination Facility Name and Address:		9. Destination Facility's Telephone Number ()			17. Transporter 2 or Intermediate Handler: _____ DOT/ICC _____			
			10. State Permit or ID No.:					18. Transporter's Telephone Number: () 19. State Transporter's Registration ID No.: SC _____ - _____ T	
	11. US DOT Description: (Including proper shipping name, hazard class and I.D. number)		12. Total No. Containers:						
	a. Regulated Medical Waste, 6.2, UN3291, PG II.								
	b.								
14. Special Handling Instructions and Additional Information:					DESTINATION	20. Transporter 2 or Intermediate Handler: (Certification of Receipt of Infectious Waste as described in items 11, 12 and 13) Printed/Typed Name _____ Signature _____ Date _____			
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	DOT/ICC _____		7. State Transporter's Registration ID No.:			Printed/Typed Name _____ Signature _____ Date _____	
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	8. Destination Facility Name and Address:		9. Destination Facility's Telephone Number ()			18. Transporter's Telephone Number: ()	
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	11. US DOT Description: (Including proper shipping name, hazard class and I.D. number)		12. Total No. Containers:	13. Total Weight:	DOT/ICC _____ SC _____ - _____ T		
	a. Regulated Medical Waste, 6.2, UN3291, PG II.				20. Transporter 2 or Intermediate Handler: (Certification of Receipt of Infectious Waste as described in items 11, 12 and 13)		
b.				Printed/Typed Name _____ Signature _____ Date _____			
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