



Infectious Waste Generator Registration Form Bureau of Land and Waste Management

OFFICIAL USE ONLY

S.C. Generator Identification Number:

Fee accompanied this form? ☐ Yes ☐ No

1. WASTE GENERATOR INFORMATION

Name of Waste Generator:
(Name of Facility or Practice)

Facility Type Code:
(See page 2 for Codes)

Street Address:
(Not Mailing Address)

County Code:
(See page 2 for Codes)

City:

State:

Zip:

Name of Legal Owner and Responsible Party (if different):

Name of Contact Person/Title:

EIN:

Site Telephone Number: ()

E-mail:

Mailing Address:
(If different from above)

City:

State:

Zip:

Billing Contact:

Billing Address:

City:

State:

Zip:

2. WASTE GENERATOR STATUS

Categories of Waste Generated and the Corresponding Amount (estimated within 20 percent):

a. Sharps	Pounds Per Month	e. Animal Waste	Pounds Per Month
b. Microbiologicals	Pounds Per Month	f. Isolation Waste	Pounds Per Month
c. Blood / Blood Products	Pounds Per Month	g. Other	Pounds Per Month
d. Pathological (includes products of conception)	Pounds Per Month	Total Amount Generated =	Pounds Per Month

Was 50 pounds or more generated in any one month of the most recent year? ☐ Yes ☐ No

3. INFECTIOUS WASTE MANAGEMENT PRACTICES

Are you currently or do you expect to:

a. Treat infectious waste on site? ☐ Yes ☐ No Method of Treatment: ☐ Autoclave ☐ Disinfectant ☐ Encapsulation

b. Do you accept waste from other facilities to treat? ☐ Yes ☐ No

c. Send infectious waste off site? ☐ Yes ☐ No

d. 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 you produce radioactive waste but do not screen it, please explain.

e. Generate products of conception onsite? ☐ Yes ☐ No

If yes, please provide the amount below:

Total Amount: _____ Pounds Per Month Amount Incinerated: _____ Pounds Per Month

Amount Intended to be Interred, Cremated or Donated for Medical Research: _____ Pounds Per Month

ONLY REGULAR GENERATORS COMPLETE LINES F AND G

f. Do you have a written protocol for handling infectious waste? ☐ Yes ☐ No

g. Do you have an infection control committee? ☐ Yes ☐ No

4. DISPOSAL

How do you dispose of your infectious waste?

☐ Landfill After On-site Treatment

☐ Registered Transporter:
(Provide transporter name and Infectious Waste Registration Number.)

Method of Treatment: ☐ Autoclave ☐ Incineration ☐ Other:

☐ Mail-back Program:

Method of Treatment: ☐ Autoclave ☐ Incineration ☐ Other:

☐ Other – Explain:

Method of Treatment: ☐ Autoclave ☐ Incineration ☐ Other:

5. 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:

Official Title (Print or Type):

Date Signed:

For additional forms and downloads of the infectious waste regulations 61-105, visit des.sc.gov/InfectiousWaste

Instructions for Infectious Waste Generator Registration Form

PLEASE TYPE OR PRINT LEGIBLY.

1. WASTE GENERATOR INFORMATION: Write the name of the business or person generating the waste, facility type code (see the chart below for codes), the address of the facility, county codes (see the chart below for codes), the legal owner and responsible party (if different), the name of the Infectious waste coordinator and their title, EIN (Employer Identification Number or Federal Tax ID Number), facility telephone number, coordinator e-mail address and mailing address (if different from facility address). If facility address and mailing address are the same, please write “same” in this space. Write the best address and contact for invoices.
2. WASTE GENERATOR STATUS: Estimate the amount of waste generated for each category of waste each month, within plus or minus 20 percent (+/- 20%). Then add the categories of a. through g. and enter the weight on the last line for a total amount of waste generated per month. If for any month of the last 12 calendar months your facility generated 50 pounds or more, your facility should register as a regular generator. If your facility did not generate 50 pounds or more any month of the last 12 calendar months, your facility can register as a small quantity generator. A manifest or other weight record will be helpful in calculating the amount of waste generated.

3. INFECTIOUS WASTE MANAGEMENT PRACTICES: Check the appropriate boxes that pertain to your site. If you treat waste onsite, please check the method that is used. For products of conception waste, please indicate the total amount generated, the amount sent for incineration and the amount preserved, interred, cremated or donated for research. The sum of the last two should equal the total. If your facility is a regular generator (meaning your facility generated 50 pounds in at least one month of the most recent 12 months), please indicate if you have a written protocol for handling infectious waste from the time of generation until offered for transport and if you have an infection control committee.
4. DISPOSAL: Please check the box that best describes where infectious waste goes when it leaves your site. Transporters must be registered with the Infectious Waste Program. A list of registered transporters is available on our website (des.sc.gov/InfectiousWaste) or can be provided upon request. If your waste is treated offsite, indicate the method of treatment used. Please provide the name of the mail-back program or name and registration number of the registered transporter if applicable.
5. CERTIFICATION: Read the certification and sign your legal signature, then print or type your name and official title and fill in the date the form was signed.

RETURN THIS FORM TO:

SCDES Bureau of Land and Waste Management
ATTN: Infectious Waste Program
2600 Bull Street, Columbia, SC 29201

Please mail the completed form and a check payable to Bureau of Finance for the annual infectious waste fees as follows:

a. Generators of 1,000 pounds or more in any one month will pay an annual fee of \$600;

b. Generators of 50 pounds through 999 pounds in any one month will pay an annual fee of \$150; or

c. Generators of 0.1 pounds through 49 pounds per month do not require a fee.

You also can fax this form to (803) 898-0391 and you will be sent an invoice for payment as needed.

All annual billing will be issued on each fiscal year (July 1 through June 30) and will be payable within 30 days once received. Small Quantity Generators will not be billed.

Please call (803) 898-0239, (803) 898-0499 or e-mail infectiouswaste@des.sc.gov if you need assistance with this form.

FACILITY TYPE CODES		COUNTY CODES			
01 = Private Physician or Group Practice	10 = Funeral Home	01 = Abbeville	13 = Chesterfield	25 = Hampton	37 = Oconee
02 = Dentist	11 = Outpatient Surgical Center	02 = Aiken	14 = Clarendon	26 = Horry	38 = Orangeburg
03 = Hospital	12 = Corrections Facility	03 = Allendale	15 = Colleton	27 = Jasper	39 = Pickens
04 = SCDES/S.C. Health Departments	13 = Educational Facility	04 = Anderson	16 = Darlington	28 = Kershaw	40 = Richland
05 = Dialysis Center	14 = Employee Health Clinic	05 = Bamberg	17 = Dillon	29 = Lancaster	41 = Saluda
06 = Clinical Lab	15 = Emergency Medical Service	06 = Barnwell	18 = Dorchester	30 = Laurens	42 = Spartanburg
07 = Residential Care Facilities	16 = Other	07 = Beaufort	19 = Edgefield	31 = Lee	43 = Sumter
08 = Nursing Home	17 = S.C. Mental Health Department	08 = Berkeley	20 = Fairfield	32 = Lexington	44 = Union
09 = Blood Bank		09 = Calhoun	21 = Florence	33 = McCormick	45 = Williamsburg
		10 = Charleston	22 = Georgetown	34 = Marion	46 = York
		11 = Cherokee	23 = Greenville	35 = Marlboro	
		12 = Chester	24 = Greenwood	36 = Newberry	