



**Bureau of Land and Waste Management
Radioactive & Infectious Waste Section
2600 Bull Street, Columbia, SC 29201**

<p>INFECTIONIOUS WASTE MANIFEST FORM</p> <p>1. Generator's Name and Mailing Address: _____</p> <p>2. Manifest Form Number: SC</p> <p>4. State Permit or ID No.: SC - - G</p> <p>3. Telephone Number: () _____</p> <p>5. Transporter's Name and Mailing Address: () _____</p> <p>DOT/ICC _____</p> <p>8. Destination Facility Name and Address: () _____</p> <p>10. State Permit or ID No.: () _____</p>	<p>INSTRUCTIONS</p> <p>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, understood, 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.</p> <p>17. Transporter 2 or Intermediate Handler: Printed/Typed Name _____ Signature _____ Date _____ (name and address)</p> <p>18. Telephone Number: () _____</p> <p>19. State Transporter Permit or ID No.: SC - - T</p> <p>DOT/ICC _____</p> <p>20. Transporter 2 or Intermediate Handler: (Certification of Receipt of Infectious Waste as described in items 11, 12, &13) Printed/Typed Name _____ Signature _____ Date _____</p> <p>21. New Manifest Form Number: (For consolidated or remanifested waste) _____</p> <p>22. Destination Facility: (Certification of Receipt of Infectious Waste as described in items 11, 12, &13) Printed Typed Name _____ Signature _____ Date _____ (Certification of adequate treatment of Infectious Waste as described in items 11, 12, & 13)</p> <p>23. Discrepancy Box: (Any discrepancies should be noted by item number and initials) Printed/Typed Name _____ Signature _____ Date _____</p>	<p>DESTINATION</p> <p>11. US DOT Description: (Including proper shipping name, hazard class, and I.D. number)</p> <p>a. Regulated Medical Waste, 6.2, NA 9275, PG II.</p> <p>b. Infectious substance, affecting animals only, 6.2, UN 2900.</p> <p>c. Infectious substance, affecting humans, 6.2, UN 2814.</p> <p>14. Special Handling Instructions and Additional Information: _____</p> <p>Items 1-14 must be filled out before generator signs Item 15!</p> <p>15. Generator's Certification: This is to certify that the above name 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 generator, 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 CFR 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.</p> <p>Printed/Typed Name _____ Signature _____ Date _____</p>	<p>TRANSPORTER</p> <p>7. State Transporter Permit or ID No.: SC - - T</p> <p>9. Telephone Number: () _____</p> <p>12. Total No. Containers: _____</p> <p>13. Total Weight: _____</p>
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GENERATOR



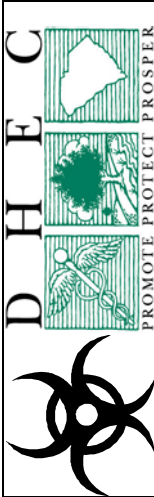
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