

REGULATED MEDICAL WASTE SELF-TRANSPORT REGISTRATION FORM

Directions: Complete Form and Submit to NYSDEC for Registration Approval.

Any generator of regulated medical waste (RMW), who generates less than 50 pounds of RMW per month, may self-transport the waste provided the wastes are generated and transported exclusively by the generator (including its direct employees) for off-site treatment and disposal, **IF** the following conditions are met **and** approved by NYSDEC:

(1) Generator/Employer Name:	Contact Person:
_____	_____
Street:	Telephone Number
_____	_____
City:	State:
_____	_____
	Zip Code:

(2) Generator Satellite Locations (locations owned or operated by the generator where the waste is picked up)

Satellite Location Name	Address

(3) Generator Designee(s) (name, title of generator-designated employee(s) providing transportation of RMW)
Employee(s) noted below are acting on behalf of and under the supervision of the generator.

Employee Name	Title/Position

- (4) Additional Requirements:**
- √ Generator agrees to refrain from transporting RMW of any kind until registered with NYSDEC (i.e., submits form and receives approval for this registration).
 - √ During transport, Generator must ensure that RMW is packaged and marked in accordance with 6 NYCRR Part 364 (Waste Transporter Regulations) and other applicable state & federal regulations.
 - √ During transport, Generator must ensure that RMW is accompanied by a Medical Waste Tracking Form (MWTF) (available online at: http://www.dec.ny.gov/docs/material_minerals_pdf/medwste.pdf).
 - √ Generator must ensure that it has appropriate liability insurance coverage in the event of an accident during such transport.
 - √ Generator must ensure that only facility owned vehicles are used for RMW self-transport.

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(5) Purpose of Transport:

(5)(a) RMW is transported between facilities (accompanied by a MWTF), under one ownership, for the purposes of consolidating RMW at one, centralized location. Yes No

- If yes, complete section (5)(a) below. If no, go to section (5)(b).

Name of Centralized Collection Point: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Name of Certified RMW Hauler: _____

Name of Designated Treatment, Destruction, or Disposal Facility: _____

- √ Transport is conducted in a not-for-profit capacity.
- √ Transaction records are kept for at least three years.
- √ A certified regulated medical waster hauler is used to transport centralized waste to an approved RMW disposal facility.
- √ Generator ensures that self-transport of RMW is **ONLY** for consolidation between a parent facility and it's satellite facilities.

(5)(b) RMW is transported between facilities (accompanied by a MWTF), under one ownership, and is taken directly to a treatment or disposal facility. Yes No

- If yes, complete section (5)(b) below. If no, go to section (5)(a).

Name of Treatment, Destruction, or Disposal Facility: _____

Street: _____

City: _____

State: _____

Zip Code: _____

Facility Type: Hospital Other (Explain) _____

Written contract to accept waste exists between generator & facility? Yes No

Copy of this contract is on file with NYSDEC and NYSDOH? Yes No

- √ During transport, Generator must ensure that RMW is taken from the point of generation directly to a treatment or disposal facility in a vehicle owned or leased by the generator.
- √ Transport is conducted in a not-for-profit capacity.
- √ Transaction records are kept for at least three years.

Mail completed form to NYSDEC:

If "Yes" to Section (5)(b) and a hospital, send contract copy to NYSDEC (noted on the left):

NYSDEC
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway,
Albany, NY 12233-7251

-OR- E-mail completed form to:
transport@gw.dec.state.ny.us