

New York State Department of Environmental Conservation Division of Solid & Hazardous Materials

	Medical Waste Tracking	Medical Waste Tracking Form			Emergency Response Number:		
1.	Generator's Name and Mailing Address:	2. Tracking Form Number: 4. State Permit or ID No.: 6. Telephone Number: 7. State Transporter or ID No. 9. Telephone Number:		INSTRUCTIONS	Instructions for completing the medical waste tracking form: Copy 1 - GENERATOR COPY: Mailed by Destination Facility to Generator Copy 2 - DESTINATION FACILITY COPY: Retained by Destination Facility Copy 3 - TRANSPORTER COPY: Retained by Transporter		
3.	Telephone number:				1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste generated in New York State. 2. Items numbered 1-14 must be completed before the generator can sign the certification. Items 4 7 10 & 19 are optional unless required.		
5.	. Transporter's Name and Mailing Address:						
E	PA Med. Waste ID No.						
8.	. Destination Facility Name and Address:				16. Transporter 1 (Certification of Receipt of Waste as described in items 11, 12 & 13)		
]					Print/Type Name Signature Date		
		10. State Permit or ID No.		TER	17. Transporter 2 or Intermediate Handler (Name and Address) 18. Telephone Number		
11 a.	. USDOT Shipping Name: HM	12. Total No. Containers	13. Total Weight or volume	SPORT	EPA Med. Waste ID No.		
b.				TRAN	20. Transporter 2 or Intermediate Handler (Certification of Receipt of Waste as described in items 11, 12 & 13)		
14	4. Special Handling Instructions:				Print/Type Name Signature Date		
					21. New Tracking Form Number (for consolidated or remanifested waste)		
14	4.(a) Additional Information			TION	22. Destination Facility (Certificate of Receipt of Medical Waste as described in items 11, 12 & 13) 9 Received in accordance with items 11, 12 & 13		
t c a	5. Generator's Certification: I hereby declare, on behalf of the generator	ndition for transpor	t by highway	DESTINAT	Print/Type Name Signature Date (If other than destination facility, indicate address, phone, and permit or ID no. in box 14) 23. Discrepancy Box (Any discrepancies should be noted by item number and initials)		
l Pr	rint/Type Name Signature		Date	1			