



## INSTRUCTIONS FOR FILLING OUT THE CERTIFICATION FORM BY ITEM NUMBER

1. Facility's complete legal name and address.
2. New York State Department of Environmental Conservation (DEC) Permit to Operate number or New York State Department of Health (DOH) laboratory or health care facility Permanent Facility Identification (PFI) number.
3. County in which the treatment took place.
4. Telephone number and facsimile (fax) transmission number of the contact person listed in Item Number 5.
5. Contact person's full name and title. This person is responsible for all activities related to the management of regulated medical waste at the facility governed by the regulations.
6. Total weight in pounds of treated regulated medical waste which is being accompanied by this form to an authorized disposal facility. Also, for waste contained in the shipment list the date or range of dates on which waste was treated and/or rendered unrecognizable.
7. Describe contents of waste shipment by checking appropriate category(ies).
8. Describe the method of treatment of regulated medical waste by checking the appropriate boxes. If treatment is by an alternative technology, list the name, model number and manufacturer of the system.
9. An authorized individual of the treatment facility must sign and date the form.
10. Complete name, address and telephone number of the transporter of regulated medical waste from the treatment facility.
11. Complete legal name and address of disposal facility receiving the waste.
12. Complete legal name, title and telephone number of the authorized disposal facility contact person.