6	7	State of Connecticut Department of Environmental Protection						
6	J				M	ledical Waste Tracking Form	Appendix I	
	1. G	Generator's Name and Mailing Address	2. Tracking Form Number			INSTRUCTIONS FOR COMPLETING MEDICAL WAS	TE TRACKING FORM	
G E N E			4. State Permit or ID No.		I N S T	Copy 1 - GENERATOR COPY: Mailed by Destination Facili Copy 2 - DESTINATION FACILITY COPY: Retained by De Copy 3 - TRANSPORTER COPY: Retained by Transporter		
R					R	L Conv. 4 - GENERATOR COPY: Retained by Generator		
A T	3. T	Celephone Number		U C	C As required under 10 CFR Full 25%.			
O R	5. T	Transporter's Name and Mailing Address 6. Telephone Number			T I O	This multi-copy (4-page) shipping document regulated medical waste generated in a Covernment.	must accompany each shipment of red State.	
			7. State Transporter Permit or ID No.		N S	2. Items numbered 1-14 must be completed before certification. Items 4, 7, 10, 11c & 19 are opt Item 22 must be completed by the destination	19 are optional unless required by the State.	
	EPA	EPA Med. Waste ID No.			For assistance in completing this form, contact your nearest State office, Regional EPA			
	8. D	Destination Facility Name and Address	nation Facility Name and Address 9. Telephone Number			office, or call the CT DEP at (888) 424-4193.		
			10. State Permit or ID No.		Т	16. Transporter 1 (Certification of Receipt of Medical Waste a	as described in items 11,12,13)	
					R A	Printed/Typed Name S	gnature	
	11.	US EPA Waste Description	12. Total Number of Containers	13. Total Weight or Volume	N S	Date		
	a. R	egulated Medical Waste (Untreated)	Containers	or volume	P	17. Transporter 2 or Intermediate Handler (name and address)	18. Telephone Number	
		Legulated Medical Waste (Treated)			O R T			
	c. St	tate Regulated Medical Waste					19. State Transporter Permit or ID No.	
	14. 3	. Special Handling Instructions and Additional Information		E R				
					EPA Med. Waste ID No.			
						20. Transporter 2 or Intermediate Handler (Certification of Re 11,12 & 13)	ceipt of Medical Waste as described in items	
	15. (Generator's Certification	on.			Printed/Typed Name S.	gnature	
	Un	Under penalty of criminal and civil prosecution for the making or submission				Date		
	of false statements, representations, or omissions, I declare			21. New Tracking Form Number (for consolidated or remanifested waste)				
	on	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 all applicable State and Federal laws and regulations and that I have been authorized in			D E S	received in decordance with terms 11, 12, ee 15			
	wri	writing to make such declaration by the person in charge of the generator's				Printed/Typed Name S	gnature	
	ope	operator.			I N	Date		
					A	(If other than destination facility, indicate address, phone and permit or ID no. in box 14.)		
					T	23. Discrepancy Box (Any discrepancies should be noted by i	rem number and initials)	
	Prin	inted/Typed Name Signature			O	25. 2 25. Carry discrepancies should be noted by i	and made)	
	D :				N			
	Date	;			1			