

Appendix A
Certification of Treatment

Name of Person or Facility Performing Treatment _____

Address: _____

I certify that this Regulated Medical Waste was treated to the Treatment Standard using:

Specify the method of treatment used, i.e. autoclave, incineration, etc.

The type(s) of Regulated Medical Waste Treated includes: _____

Specify the type of waste, e.g. sharps, cultures and stocks, etc.

Estimated Amount of Regulated Medical Waste Treated: _____ lbs.
Or _____ cubic yards

Date of Treatment: _____

Signature of Authorized Person

Print Name

Date _____

If the waste is to be considered inaccessible, identify the method used to make the waste inaccessible.

Regulated Medical Waste Treatment Facilities and Generators That Treat Regulated Medical Waste

This certification of treatment must be completed for each load of treated regulated medical waste and must be provided to the transporter.

Transporters

This certification of treatment must be maintained in the vehicle during transport and be provided to the transfer station or to the disposal facility upon delivery.

Transfer Stations

If you receive this Certificate of Treatment with a load of solid waste, the solid waste contains some treated Regulated Medical Waste which has been rendered inaccessible. Please ensure that this Certification of Treatment is provided to the transporter of the solid waste which contains the treated Regulated Medical Waste.