



2009 Annual Summary Report

For On-Site Treatment of Special Waste from Health Care Related Facilities (Medical Waste) on Mobile Vehicles

Report Period: January 1 through December 31, 2009

Due: **March 1, 2010**

Name of Registrant: _____

Registration Number: _____

| Generator Name/Address/City, State, Zip Code/ (Area Code) Telephone Number | Person(s) Performing Treatment (Print Name and Initials) | Schedule of Treatment | Total Amount of Waste Treated (in pounds) |
|--|---|-----------------------|---|
| | | | |
| | | | |
| | | | |
| Method/Conditions of Treatment: | | | |
| Reference (or provide attachment) of the written procedure for the operation and testing of any equipment used and written procedure for the preparation of any chemicals used in treatment. Routine performance testing using biological indicators and/or monitoring of parametric controls shall be conducted in accordance with Title 30 Texas Administrative Code (30 TAC) §330.1221(g)(6). | | | |

| Generator Name/Address/City, State, Zip Code/ (Area Code) Telephone Number | Person(s) Performing Treatment (Print Name and Initials) | Schedule of Treatment | Total Amount of Waste Treated (in pounds) |
|--|---|-----------------------|---|
| | | | |
| | | | |
| | | | |
| Method/Conditions of Treatment: | | | |
| Reference (or provide attachment) of the written procedure for the operation and testing of any equipment used and written procedure for the preparation of any chemicals used in treatment. Routine performance testing using biological indicators and/or monitoring of parametric controls shall be conducted in accordance with Title 30 Texas Administrative Code (30 TAC) §330.1221(g)(6). | | | |

| Generator Name/Address/City, State, Zip Code/ (Area Code) Telephone Number | Person(s) Performing Treatment (Print Name and Initials) | Schedule of Treatment | Total Amount of Waste Treated (in pounds) |
|--|---|--------------------------|--|
| | | | |
| | | | |
| | | | |
| Method/Conditions of Treatment: | | | |
| Reference (or provide attachment) of the written procedure for the operation and testing of any equipment used and written procedure for the preparation of any chemicals used in treatment. Routine performance testing using biological indicators and/or monitoring of parametric controls shall be conducted in accordance with Title 30 Texas Administrative Code (30 TAC) §330.1221(g)(6). | | | |

Please provide any changes in the following registrant information. Administrative changes must be made on the TCEQ Core Data Form (TCEQ 10400).:

Street Address: _____ Mailing Address: _____
City, State, Zip Code: _____ City, State, Zip Code: _____
Telephone Number: _____ Fax Number: _____
Contact Person: _____ Telephone Number, if different: _____

Certification Statement:

I certify that the above information is true and correct to the best of my knowledge, and I will abide by all Texas Commission on Environmental Quality (TCEQ) rules

Signature: _____ Date: _____
Print Name: _____

If you have questions on how to fill out this form or about the On-Site Treatment of Special Waste from Health Care Facilities (Medical Waste) on Mobile Vehicles registration program, please contact us at 512/239-6413.

Individuals are entitled to request and review their personal information the agency has gathered on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.

We appreciate your cooperation in completing this report which is required by the Title 30 Texas Administrative Code Section 330.9(m)(5). Return to:

Texas Commission on Environmental Quality
Registration & Reporting Section, MC 129
P.O. Box 13087
Austin Texas 78711-3087
Internet address: www.tceq.com