



REGULATED MEDICAL WASTE MANIFEST

Regulated Medical Waste 6.2, UN3291, PG II
 TCEQ • P O Box 13087 • Austin TX 78711-3087

CODE AREA

GENERATOR	COMPANY NAME	TELEPHONE NUMBER	
	ADDRESS		
	<i>I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.</i>		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS
	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		DATE MEDICAL WASTE COLLECTED
	TCEQ REGISTRATION NUMBER	NUMBER OF CONTAINERS COLLECTED	CERTIFIED TOTAL WEIGHT OF CONTAINERS
	<i>I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.</i>		
		NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE
	TRANSFER STATION: NAME		TCEQ NUMBER

SECONDARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS
	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		DATE MEDICAL WASTE COLLECTED
	TCEQ REGISTRATION NUMBER	NUMBER OF CONTAINERS COLLECTED	TOTAL WEIGHT OF CONTAINERS COLLECTED
	<i>I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.</i>		
		NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	TCEQ PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	<i>I certify that I have been authorized by the Texas Commission on Environmental Quality to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.</i>		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

In case of emergency, call () (24-hr company or other emergency response group telephone)

Instructions for Completing Form 00310

The "Code Area" space at the top of the form is provided for the convenience of transporters. It is not a reporting requirement.

Generator: Fill in all blanks and sign the form before releasing the **untreated waste** to a registered medical waste transporter. Retain one copy of the form showing receipt by the transporter.

Primary Transporter: Fill in all blanks and certify receipt of the waste by signature/date at the bottom of this block. Names and initials of additional handlers of the waste will be provided in the blanks at the top of this block. Provide name and TCEQ number of transfer station if vehicle to vehicle transfer of the waste occurs. Retain one copy of the form showing receipt by the secondary transporter, if applicable, or the treatment facility. If the waste is delivered directly to a treatment facility located outside Texas boundaries, the completed original copy showing receipt by the treatment facility must be returned to the generator by this transporter within 30 days of receipt by this facility.

Secondary Transporter: Fill in all blanks and certify receipt of the waste by signature/date at the bottom of this block. Names and initials of additional handlers of the waste will be provided in the blanks at the top of this block. Retain one copy of the form showing receipt by the treatment facility. If the waste is delivered to a treatment facility located outside Texas boundaries, the completed original copy showing receipt by the treatment facility must be returned to the generator by this transporter within 30 days of receipt by this facility.

Treatment Facility: Fill in all blanks and certify receipt of the waste by signature/date at the bottom of this block. Please note any discrepancies in the load (e.g., difference in weight, generator name, transporter name, etc.) in the space provided. Retain one copy and return the completed original copy showing receipt by the treatment facility to the generator within 30 days of receipt by this facility.

Title 30 Texas Administrative Code §330.1005(l) specifies a shipping document (manifest) to record shipments of untreated medical waste. The form is to be provided by or approved by the TCEQ. This form, number 0310, is the **approved** form. Transporters may 1) reproduce the document having an exact duplicate printed utilizing standard NCR paper to create multi-part forms, 2) copy this original with at least four (five if a secondary transporter is involved) *copies* to provide to each recipient as indicated, or 3) generate an electronic form that is virtually identical to this form.

Use of the word Manifest in the title, addition of the regulated medical waste classification information, revision of the Generator Certification statement, and inclusion of the emergency telephone number (bottom of form) were done in cooperation with the United States Department of Transportation to reflect federal requirements that also govern generators and transporters of medical waste.

If you have questions on how to fill out this form or about the Medical Waste Program, please contact us at 512/239-6001, select Option 2. Individuals are entitled to request and review their personal information that the agency gathers from its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239/3282.