



**State of Connecticut
Department of Environmental Protection**

Medical Waste Tracking Form

Appendix I

GENERATOR	1. Generator's Name and Mailing Address		2. Tracking Form Number		INSTRUCTIONS FOR COMPLETING MEDICAL WASTE TRACKING FORM	
	3. Telephone Number		4. State Permit or ID No.			
	5. Transporter's Name and Mailing Address		6. Telephone Number			
	EPA Med. Waste ID No.		7. State Transporter Permit or ID No.			
	8. Destination Facility Name and Address		9. Telephone Number			
	11. US EPA Waste Description		12. Total Number of Containers	13. Total Weight or Volume		TRANSPORTER
	a. Regulated Medical Waste (Untreated)					
	b. Regulated Medical Waste (Treated)					
	c. State Regulated Medical Waste					
	14. Special Handling Instructions and Additional Information					
15. Generator's Certification						
<p>Under penalty of criminal and civil prosecution for the making or submission of false statements, representations, or omissions, I declare 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 writing to make such declaration by the person in charge of the generator's operator.</p>						
Printed/Typed Name _____		Signature _____				
Date _____						

16. Transporter 1 (Certification of Receipt of Medical Waste as described in items 11,12,13)		DESTINATION
Printed/Typed Name _____	Signature _____	
Date _____		
17. Transporter 2 or Intermediate Handler (name and address)		18. Telephone Number
EPA Med. Waste ID No.		19. State Transporter Permit or ID No.
20. Transporter 2 or Intermediate Handler (Certification of Receipt of Medical Waste as described in items 11,12 & 13)		
Printed/Typed Name _____	Signature _____	
Date _____		
21. New Tracking Form Number (for consolidated or remanifested waste)		
22. Destination Facility (Certification of Receipt of Medical Waste as described in items 11, 12, and 13) Received in accordance with items 11, 12, & 13		
Printed/Typed Name _____	Signature _____	
Date _____		
(If other than destination facility, indicate address, phone and permit or ID no. in box 14.)		
23. Discrepancy Box (Any discrepancies should be noted by item number and initials)		