TOTAL MED TRANSPORTATION

WASTE MANIFEST

4843 Knotty Oaks Trail • Houston, Tx • 77045
PHONE 346. 401.7861 OR DIRECT PHONE 832. 380.9159

TCEQ # 50222

GENERATOR

COMPANY NAME: ADDRESS: TELEPHONE NUMBER: ( )

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.

NAME OF COMPANY REPRESENTATIVE (Print) _____ (Signature) _____

PRIMARY TRANSPORTER

NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE: _____ INITIALS: _____

COMPANY NAME: _____ TELEPHONE NUMBER: ( ) _____

ADDRESS: _____ DATE MEDICAL WASTE COLLECTED: _____

TCEQ REGISTRATION #: _____ #CONTAINERS COLLECTED: _____ CERTIFIED WEIGHT OF CONTAINERS: _____

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 transporters registration and/or the privilege of utilizing State-authorized facilities.

NAME OF COMPANY REPRESENTATIVE: (Print) _____ (Signature)_____ Date: _____

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 #: _____ #CONTAINERS COLLECTED: _____ CERTIFIED WEIGHT OF CONTAINERS: _____

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 transporters registration and/or the privilege of utilizing State-authorized facilities.

NAME OF COMPANY REPRESENTATIVE: (Print) _____ (Signature)_____ Date: _____

TREATMENT FACILITY

COMPANY NAME: ADDRESS: TELEPHONE NUMBER: ( )

TCEQ PERMIT #: _____ DATE DEPOSITED/UNLOADED: _____ TOTAL WEIGHT DEPOSITED/UNLOADED: _____

DESCREPANCY INDICATIONS (IF ANY, PLEASE NOTE):

I certify that I have been authorized by the Texas Commission on Environmental Quality to accept untreated medical waste and that I have received the above indicated waste in accordance with the requirements outlined in that authorization.

NAME OF COMPANY REPRESENTATIVE: (Print) _____ (Signature)_____ Date: _____

IN CASE OF AN EMERGENCY, CALL (832) 380 - 9159 (24-HR COMPANY OR OTHER EMERGENCY RESPONSE GROUP TELEPHONE)