## INSTRUCTIONS FOR COMPLETING INFECTIOUS WASTE MANIFEST FORM

1. This multicopy (4-page) shipping document must accompany each shipment of infectious medical waste.

2. Items numbered 1-14 must be completed before the generator can sign the certification. Item 15 must state the name of the original generator.

3. Item 22 must be completed by the destination facility.

4. For assistance in completing this form, contact SC DHEC (803) 896-4000.

## GENERATOR COPY

### Generator’s Name and Mailing Address:

5. DOT/ICC ___ __ __ __ __ __ __

6. Telephone Number: (    )

### State Permit or ID No.:

7. SC__ __-__ __ __ __G

### Special Handling Instructions and Additional Information:

14. This is to certify that the above name materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

15. 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 the State of South Carolina Regulation 61-105 and U.S. Department of Transportation 49 CFR Parts 100-180, that this shipment does not contain regulated quantities of RCRA hazardous and/or radioactive waste. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

### Generator’s Certification

16. I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R.61-105.

________________________________________

Printed/Typed Name                                                  Signature                                                   Date

## DESTINATION COPY

### State Permit or ID No.:

10. SC__ __-__ __ __ __T

### Transporter’s Name and Mailing Address:

11. DOT/ICC ___ __ __ __ __ __ __

12. Telephone Number: (    )

### State Transporter Permit or ID No.:

13. SC__ __-__ __ __ T

### Transporter’s Certification

20. I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R.61-105.

________________________________________

Printed/Typed Name                                                  Signature                                                   Date

## TRANSPORTER COPY

### State Transporter Permit or ID No.:

17. SC__ __-__ __ __ T

### Transporter 2 or Intermediate Handler:

21. (name and address) DOT/ICC ___ __ __ __ __ __ __

### Telephone Number:

22. (     )

## DESTINATION FACILITY COPY

### State Permit or ID No.:

19. SC__ __-__ __ __ __T

### Transporter 2 or Intermediate Handler:

23. (Certification of Receipt of Infectious Waste as described in items 11, 12, & 13)

________________________________________

Printed/Typed Name                                                  Signature                                                   Date

### Discrepancy Box:

(Any discrepancies should be noted by item number and initials)
### INFECTIONOUS WASTE MANIFEST FORM

<table>
<thead>
<tr>
<th>Generator’s Name and Mailing Address:</th>
<th>Manifest Form Number: SC</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Permit or ID No.: SC__ <strong>-</strong> __ __ __</td>
<td></td>
</tr>
<tr>
<td>Transporter’s Name and Mailing Address:</td>
<td>Telephone Number: ( )</td>
</tr>
<tr>
<td>State Transporter Permit or ID No.: SC__ <strong>-</strong> __ __ T</td>
<td></td>
</tr>
<tr>
<td>Destination Facility Name and Address:</td>
<td>Telephone Number: ( )</td>
</tr>
<tr>
<td>State Permit or ID No.:</td>
<td></td>
</tr>
</tbody>
</table>

#### DOT/ICC

<table>
<thead>
<tr>
<th>US DOT Description:</th>
<th>Total No. Containers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1 Regulated Medical Waste, 6.2, NA 9275, PG III</td>
<td></td>
</tr>
<tr>
<td>6.2 Infectious substance, affecting animals only, 6.2, UN 2900.</td>
<td></td>
</tr>
<tr>
<td>6.3 Infectious substance, affecting humans, 6.2, UN 2814</td>
<td></td>
</tr>
</tbody>
</table>

#### Items 1-14 must be filled out before generator signs Item 15!

<table>
<thead>
<tr>
<th>Generator’s Certification:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. 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 the State of South Carolina Regulation R.61-105 and U.S. Department of Transportation 49 CFR Parts 100-180, that this shipment does not contain regulated quantities of RCRA hazardous and/or radioactive waste. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transporter 2 or Intermediate Handler:</th>
<th>Certification of Receipt of Infectious Waste as described in items 11, 12, &amp;13</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Manifest Form Number:</td>
<td></td>
</tr>
</tbody>
</table>

#### Discrepancy Box:

(Any discrepancies should be noted by item number and initials)

---

**INSTRUCTIONS FOR COMPLETING INFECTIOUS WASTE MANIFEST FORM**

Copy 1: GENERATOR COPY: Mailed by Destination Facility to Generator
Copy 2: DESTINATION FACILITY COPY: Retained by Destination Facility
Copy 3: TRANSPORTER COPY: Retained by Transporter
Copy 4: GENERATOR COPY: Retained by Generator

As Required under R.61-105

This multi-copy (4-page) shipping document must accompany each shipment of infectious medical waste.

Item 15 must state the name of the original generator. Item 22 must be completed by the destination facility.

For assistance in completing this form, contact SC DHEC (803) 896-4000
**INFECTIOUS WASTE MANIFEST FORM**

**INSTRUCTIONS FOR COMPLETING INFECTIOUS WASTE MANIFEST FORM**

1. Generator’s Name and Mailing Address:

2. Manifest Form Number:
   - SC

3. State Permit or ID No.:
   - SC__ __-__ __ __ __G

4. Transporter’s Name and Mailing Address:
   - DOT/ICC__ __ __ __ __ __ __

5. State Transporter Permit or ID No.:
   - SC__ __-__ __ __ __T

6. Telephone Number:
   - (    )

7. DOT/ICC:
   - __ __ __ __ __ __ __

8. Destination Facility Name and Address:

9. Telephone Number:
   - (    )

10. State Permit or ID No.:

11. US DOT Description:
    - (Including proper shipping name, hazard class, and I.D. number)
    - a. Regulated Medical Waste, 6.2, NA 9275, PG II.
    - b. Infectious substance, affecting animals only, 6.2, UN 2900.
    - c. Infectious substance, affecting humans, 6.2, UN 2814.

12. Total No. Containers:

13. Total Weight:

14. Special Handling Instructions and Additional Information:

**Items 1-14 must be filled out before generator signs Item 15!**

15. Generator’s Certification:
    - This is to certify that the above materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.
    - 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 the State of South Carolina Regulation R.61-105 and U.S. Department of Transportation 49 CFR Parts 100-180, that this shipment does not contain regulated quantities of RCRA hazardous and/or radioactive waste. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

16. Transporter’s Certification:
    - I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R.61-105 and the U.S. Department of Transportation 49 CFR Parts 100-397.

17. Transporter 2 or Intermediate Handler:
    - (Certification of Receipt of Infectious Waste as described in items 11, 12, & 13)

18. Telephone Number:
    - (    )

19. State Transporter Permit or ID No.:
    - SC__ __-__ __ __ __T

20. Transporter 2 or Intermediate Handler:
    - (Certification of Receipt of Infectious Waste as described in items 11, 12, & 13)

21. New Manifest Form Number:
    - (For consolidated or remanifested waste)

22. Destination Facility:
    - (Certification of Receipt of Infectious Waste as described in items 11, 12, & 13)

23. Discrepancy Box:
    - (Any discrepancies should be noted by item number and initials)
INFECTIONIOUS WASTE MANIFEST FORM

1. Generator’s Name and Mailing Address:
2. Manifest Form Number:
   SC
3. Telephone Number: (   )
4. State Permit or ID No.:
   SC__ __-__ __ __ __G
5. Transporter’s Name and Mailing Address:
   DOT/ICC__ __ __ __ __ __ __
6. Telephone Number: (   )
7. State Transporter Permit or ID No.:
   SC__ __-__ __ __ __T
8. Destination Facility Name and Address:
9. Telephone Number: (   )
10. State Permit or ID No.:
11. US DOT Description:
    (Including proper shipping name, hazard class, and I.D. number)
    a. Regulated Medical Waste, 6.2, NA 9275, PG II.
    b. Infectious substance, affecting animals only, 6.2, UN 2900.
    c. Infectious substance, affecting humans, 6.2, UN 2814.
12. Total No. Containers:
13. Total Weight:
14. Special Handling Instructions and Additional Information:

Items 1-14 must be filled out before generator signs Item 15!

55. Generator’s Certification:
    This is to certify that the above name materials are properly classified, described, packaged, marked, and labeled, and are in
    proper condition for transportation according to the applicable regulations of the Department of Transportation.
    Under penalty of criminal and civil prosecution for the making or submission of false statements, representations, or omissions,
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    Department of Transportation 49 CFR Parts 100-180, that this shipment does not contain regulated quantities of RCRA
    hazardous and/or radioactive waste. I am aware that there are significant penalties for submitting false information including
    the possibility of fines and imprisonment.

Printed/Typed Name: ___________________________ Signature: ___________________________ Date: ______________

INSTRUCTIONS FOR COMPLETING INFECTIOUS WASTE MANIFEST FORM

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As Required under R.61-105
6. This multicopy (4-page) shipping document must accompany each shipment of infectious medical waste.
2. Items numbered 1-14 must be completed before the generator can sign the certification. Item 15 must state the name of the
   original generator. Item 22 must be completed by the destination facility.

For assistance in completing this form, contact SC DHEC (803) 896-4000

DOT/ICC __ __ __ __ __ __ __
Transporter’s Certification
I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or
omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R.61-
105 and the U.S. Department of Transportation 49 CFR Parts 100-397.

Printed/Typed Name: ___________________________ Signature: ___________________________ Date: ______________

Transporter 2 or Intermediate Handler:
(name and address)
DOT/ICC __ __ __ __ __ __ __

New Manifest Form Number:
(For consolidated or remanifested waste)

Printed/Typed Name: ___________________________ Signature: ___________________________ Date: ______________

Items 1-14 must be filled out before generator signs Item 15!

Generator’s Certification:
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Discrepancy Box:
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DHEC 2116 (Rev. 9/92)   Copy 4 – GENERATOR COPY: Retained by Generator