

Company Name (Android)
 Company Address 1 (Android)
 Company CombiCompany Postal / Zip Code

SHIPPING PAPERS

GENERATOR DETAILS:

Customer Name
 Customer Address 1
 Customer CityCusCustomer Postal / Zip Code

Manifest #: Manifest Number
 Generator ID #: Location ID Number
 Account #: Customer Number (Android)
 Phone #: Location Telephone (Android)
 Location Number: Location Number
 Service Address: Location Name (Android)
 Location Address 1 (Android) Location Address 2
 Location City (Android)ation Postal / Zip Code

Regulated Medical Waste UN 3291 n.o.s. 6.2 PG II				CF Box	28 Reusable(P)	18 Sharp(P)	Total Qty.(est.)	Unit Wt./Vol.
RMW (A100)	CHEMO (A300)	PATH (A100)	PHARM(A100)					P
RMW (A100)	CHEMO (A300)	PATH (A100)	PHARM(A100)					P
RMW (A100)	CHEMO (A300)	PATH (A100)	PHARM(A100)					P
RMW (A100)	CHEMO (A300)	PATH (A100)	PHARM(A100)					P
<u>Drop Off (D/O) and Pick Up (P/U) Notes</u>				<u>Discrepancy Notes</u>				

Generator Certification: I declare that the materials provided for pickup and disposal are fully and accurately described above by proper shipping name and are classified, packaged, marked, labeled and are in proper condition to be transported according to all local, state and federal laws and regulations and that I have been authorized to make such declarations.

 Generator's Authorized Signature

 Printed Name

 Route Date (Android)

 Shipment Date

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS STATED ABOVE

Transporter Name Choice MedWaste Phone #: (302) 766-7575 24 HR EMERGENCY CONTACT:1-(800)-255-3424
 Permit Numbers: PA-HC0266 USDOT 2592695 DE-SW-1542 MD-SMH-140 Contract # MIS3426525

 Driver's Signature

 Printed Name

 Collection Date

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF MATERIALS STATED ABOVE

Transporter Name: Phone #: Permit #:

 Driver's Signature

 Printed Name

 Collection Date

DESTINATION FACILITY

Daniels Sharpsmart Permit #: 400693 Alternate Destination Facility: Curtis Bay Energy Permit # 2011-WMI-0036
 925 Conroy Place 3200 Hawkins Point Road Baltimore, MD 21226
 Easton, PA 18040 Phone: 1-855-228-1715

I Certify that the above described waste material has been accepted and processed at the above referenced destination facility. To the best of my knowledge, the foregoing is true and accurate.

 Authorized Facility Representative

 Printed Name

 Destruction Date