

WEST VIRGINIA
INFECTIOUS MEDICAL WASTE MANIFEST

Generator's Name _____ Phone Number () _____
Generator's Address _____ Generator's DHHR Permit Number: _____

Description of Infectious Waste	Number of Containers	Container Type By Dimension	Total Weight
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____

Generator Designated Infectious Waste Treatment Facility and or Alternate Infectious Waste Treatment Facility
Designated Facility _____ Alternate Facility _____

Phone Number () _____ Phone Number () _____

Generators Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations, or omissions. I declare that the contents of this shipment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by highway according to state and federal regulations.

Print/Type Name Signature Date

Transporter 1 Company Name _____ Phone Number () _____
Transporter's Address _____ Transporter's DHHR Permit Number _____

PSC# _____

Transporter 1 Acknowledgment of Receipt of Materials.

Print/Type Name Signature Date

Discrepancy Indication _____

Transporter 2 Company Name _____ Phone Number () _____
Transporter's Address _____ Transporter's DHHR Permit Number _____

PSC# _____

Transporter 1 Acknowledgment of Receipt of Materials.

Print/Type Name Signature Date

Discrepancy Indication _____

Infectious Waste Treatment Facility _____ Phone () _____
Treatment Facility Address _____

Infectious Waste Treatment Facility Acknowledgement of Receipt of Materials.

Print/Type Name Signature Date

Discrepancy Indication _____

Treatment Certification: This is to certify that the infectious wastes described above were treated in accordance with Title 64 CSR 56 of the West Virginia Legislative Rules.

Print/Type Name Signature Date of Treatment

(ORIGINAL)