

RECEIPT

DATE 11/19/24

No. 628137

RECEIVED FROM NEIF Medical Waste Services

\$ 350.00

Three hundred fifty and $\frac{00}{100}$ DOLLARS

FOR RENT

FOR DE-SW-1772

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH

CHECK

MONEY ORDER

CREDIT CARD

FROM 24721 TO _____

BY M.M.



RECEIVED

NOV 21 2024

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the **“State of Delaware”** must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the “State of Delaware,” in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the “ State of Delaware” in the amount of \$350.00.
- Renewal: Permit # DE-SW- 1772 Expiration Date March 31, 2025

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the “State of Delaware,” for the indicated permit fee.

SCRAP TIRES ONLY

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

ALL OTHERS

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name NEIE Medical Waste Services, LLC

Location Address:	Mailing Address:
9 West Market Street	3100 New Kent Highway
Blairsville, PA 15717-1328	Quinton, VA 23141-1731

Contact: Jeremy Feldbusch Title: Managing Member

Business Phone: 724-675-8491 Fax: 724-675-8493

E-mail: jfeldbusch@neiemws.com

24 hr Emergency Contact Phone: [REDACTED]

4. Company Ownership Information

- (a). Please indicate the company type:
- Proprietorship
 - Partnership
 - Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: _____ State: _____ Date: _____

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: Virginia
- Other: (must specify) _____

- (b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment Attachment 1

- (c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

Attachment _____

No parent company

5. Company locations in Delaware

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment _____
 No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)
 Industrial waste (from a manufacturing or industrial process)
 Dry waste: construction/demolition debris
 trees/stumps
 other (must specify) _____
 Ash: municipal incinerator
 coal ash
 other (must specify) _____
 Infectious waste
 Non-hazardous petroleum-hydrocarbon contaminated soils
 Asbestos-containing waste
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? Yes No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? Yes No N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? Yes No N/A

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No N/A

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No

- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
 - Delaware Solid Waste Authority locations: (attachment) _____
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) attachment 2

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
 - Attachment _____
 - Not applicable-No transporter permit required for these solid waste types in our home state.
State of Virginia does not require a permit
- (b). List solid waste transporter permits held in other states.
 - Attachment 3
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
DOT# 2460870 MC# _____
 - N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

✓ Spill Control Plan: Attachment 4

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
 - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
 - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - (iii) Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment 5

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
- Form 1099-Misc
- Other


15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
- No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  Date 11-6-2024
Print Name Jeremy W. Feldbusch Title Managing Member

****A legal owner or corporate officer must sign the application****

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). Patricia Sumner 3). Evan Doty 5). Dean Hohman
 - 2). Brian Feldbusch 4). Jamal Ferguson 6). Clifford Mowels
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: Lorie Flechsig Phone: 866-313-7878
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

Attachment 1

Corporate Officers

Owner: Jeremy Feldbusch

Title: Managing Member

Mailing Address:

[REDACTED]

DOB: [REDACTED]

Ownership Percentage: 51%

Owner: Patricia Sumner

Title: Member

Mailing Address:

[REDACTED]

DOB: [REDACTED]

Ownership Percentage: 30%

Owner: Dean Hohman

Title: Member

Mailing Address:

[REDACTED]

DOB: [REDACTED]

Ownership Percentage: 19%

Attachment 2

Out of State Solid Waste TSD Facilities

Maryland Permitted Solid Waste Facilities

(WMF – Municipal Solid Waste Landfill, WIN – Solid Waste Incinerator, WMI – Medical Waste Incinerator, WPF – Processing Facility, WPM – Special Medical Waste Processing Facility, WTS – Transfer Station, WPT – Processing Facility & Transfer Station, WTE – Waste to Energy/MSW Incinerator)

County	AI NO.	Facility Name	Type	Permit Number	Site Location/Comments
ANNE ARUNDEL	11541	Biomedical Waste Services, Inc.	WPT	2016-WPT-0676	7610 Energy Pkwy, Curtis Bay, MD 21226
BALTIMORE CITY	439	Baltimore Regional MWI	WMI	2017-WMI-0036	3200 Hawkins Point Road, Baltimore, MD 21226 (a.k.a Curtis Bay Energy)
BALTIMORE CITY	63950	Daniels Sharpsmart PF&TS	WPT	2015-WPT-0633	6611 Chandlery Street, Baltimore, MD 21224 Accepts Only Special Medical Waste
BALTIMORE CITY	8713	Stericycle Medical Waste PF&TS	WPT	2014-WPT-0591	5901 Chemical Road, Baltimore, MD 21226

ATTACHMENT 3 - LIST OF PERMITS AND LICENSES

Type	Permit No.	Location	Address	Issued	Expires
Medical Waste Transporter	ADH13578130	Arkansas	Arkansas Department of Health, 4815 W Markham, Slot 32, Little Rock, AR 72205-3867	11/8/22	11/18/25
Medical Waste Transporter/Hauler	6753	California	State of California – Health and Human Services Agency, California Department of Public Health, Waste Management Program, MS 7405, IMS K-2, P.O. Box 997377, Sacramento, CA 95899-7377	6/5/19	
Hazardous Waste Transporter	6753	California	Department of Toxic Substances Control, 1001 "I" Street, P.O. Box 806, Sacramento, CA 95812-0806	5/24/19	6/30/25
Biomedical Waste Transporter	CT-BMW-077	Connecticut	CT Energy & Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127	3/28/24	6/30/25
Solid Waste Transporter Permit	DE-SW-1772	Delaware	State of Delaware, Department of Natural Resources and Environmental Control, Division of Waste and Hazardous Substances, Solid & Hazardous Waste Management Section, 89 Kings Hwy, Dover, Delaware 19901	4/1/24	3/31/25
Solid Waste Special Cat A Permit	DOT-SP 16279	District of Columbia	Office of Waste Diversion, DC Department of Public Works, Frank D. Reeves Municipal Center, 2000 14 th Street, NW, Washington, DC 20009	1/5/24	1/31/25
Biomedical Waste Transporter Permit by Rule Operation	16-64-1770883 PBR-160-106COL-BIO	Florida Georgia	Duval County Health Dept., 900 University Blvd. N., Ste. 300 MC-45, Jacksonville, FL 32211-5504 Georgia Department of Natural Resources, Environmental Protection Division, Land Protection Branch, 4244 International Parkway, Suite 104, Atlanta, GA 30354	10/1/24	9/30/25
Hazardous Waste Permit	HAP079428520	Idaho	Idaho Transportation Department, Division of Motor Vehicles, P.O. Box 34, Boise, ID 83731-0034	3/25/24	3/24/29
PIMW Hauling Permit	M9088-4	Illinois	Illinois Environmental Protection Agency	1/1/24	12/31/24
Special Waste Hauling	5583-1	PIMW 25B	1021 North Grand Avenue East, PO Box 19276, Springfield, IL 62794-9276	2/29/24	3/31/25
Municipal Solid Waste Transporter	W01831	Kentucky	KY Transportation Cabinet, Dept. of Vehicle Regulations/Div. of Motor Carriers, PO Box 2007, Frankfort, KY 40602	5/12/22	6/30/25
Solid Waste Transporter	T-129-14303	Louisiana	State of Louisiana, DEQ, Environmental Services, P.O. Box 4313, Baton Rouge, LA 70821-4313	11/1/18	12/31/24
Biomedical Waste Transporter	B516	Maine	State of Maine, DEP, Division Of Materials Mgmt., 17 State House Station, Augusta, ME 04333-0017	5/4/20	
Special Med Waste Hauler	SMH 138	Maryland	Department of the Environment, 1800 Washington Blvd., Ste. 650, Baltimore, MD 21230-1719	4/21/24	4/21/25
Garbage, Offal, or Other Offensive Substances Hauler	#21-06	Massachusetts	Board of Health, Town of Shrewsbury Board of Health, 100 Maple Avenue, Shrewsbury, MA 01545	5/1/24	4/30/25
Garbage, Offal, or Other Offensive Substances Hauler	WS-000028-24	Massachusetts	City of Quincy Health Dept., 440 East Squantum St., Quincy, MA 02171	10/23/24	12/31/25
Rubbish-Septic Hauler		Massachusetts	Board of Health, City of Framingham Public Health Dept., 150 Concord St., Room 25, Framingham, MA 01702	7/29/24	12/31/25
Commercial Hauler Permit	0278	Massachusetts	City of Boston Public Works Dept., 1 City Hall Square, Room 714, Boston, MA 02201-2024	8/20/24	12/31/24
Hazardous Waste Transporter	21G14001000	Missouri	MO Dept. of Transportation Motor Carrier Services, 830 MoDOT Dr., PO Box 270, Jefferson City, MO 65102-0270	6/22/23	12/31/24
Infectious Waste (SW) Transporter	N/A	New Hampshire	New Hampshire Dept. of Environmental Services Waste Management Division Solid Waste Management Bureau, 29 Hazen Dr., P.O. Box 95, Concord, NH 03302-0095	8/26/24	8/25/25
Part 364 Waste Transporter Permit	PA-665	New York	New York State Department of Environmental Conservation, Division of Materials Management, Waste Transporter Program, 625 Broadway, 9 th Floor, Albany, NY 12233-7251	1/26/22	N/A
Solid Waste Transporter	WH-2429	North Dakota	ND DEQ, Division of Waste Management, 918 East Divide Avenue, Bismarck, ND 58501-1947	6/13/24	6/12/25
Regulated Medical and Chemotherapeutic Transporter	PA-HC0279	Pennsylvania	Pennsylvania Department of Environmental Protection, Compliance and Monitoring Section, Division of Hazardous Waste Management, 400 Market Street, Harrisburg, PA 17101	6/13/21	6/30/26
Rhode Island Medical Waste Transporter	RI- 966	Rhode Island	Dept. of Environmental Management, Ofc. of Waste Management, 235 Promenade Street, Room 380, Providence, RI 02908	4/9/19	4/30/25
Infectious Waste Transporter	IWT000009	South Carolina	South Carolina Department of Health and Environmental Control Bureau of Land and Waste Management, 2600 Bull Street, Columbia, SC 29201	9/14/18	6/30/25
Medical Waste Transporter	MSW 50214 RN110493665	Texas	Commission of Environmental Quality, P.O. Box 13087 Austin, TX 78711-3087 According to Lindy – expires 9/30/21 – waiting on documentation	3/6/24	4/7/25
Solid Waste Transporter Transporter Permit	IMW-99-HO069	Vermont West Virginia	Waste Management & Prevention Division, One National Life Drive, Davis 1, Montpelier, VT (renew annually) Bureau for Public Health, Ofc. Of Env. Health Services, Infectious Medical Waste Program, 350 Capitol Street, Room 313, Charleston, WV 25301-3713 (2023 permit is number IMW-99-23-HO069)	9/14/18	9/30/25
				4/22/19	6/30/28
				1/1/24	12/31/24
				1/1/25	12/31/25

DE Infectious Waste Transporter Contingency Plan

Attachment 4

**Delaware Infectious Waste
Transporter Contingency
Plan**

NEiE Medical
Waste Services^{LLC}

**NEIE Medical Waste Services
NEIE (MWS)**

**3100 New Kent Highway
Quinton, VA 23141**

DE Infectious Waste Transporter Contingency Plan

**Delaware
Infectious Waste Transporter Contingency Plan
Approvals**

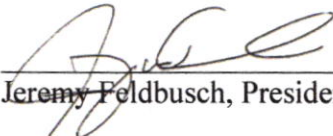
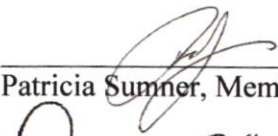
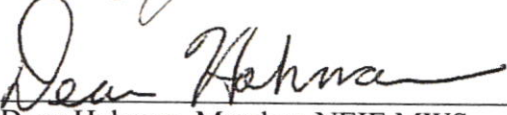
The NEIE Medical Waste Services LLC (NEIE MWS) Delaware (DE) Infectious Waste Transporter Contingency Plan contains procedures and methods necessary to meet company objectives.

The goal of the DE Infectious Waste Transporter Contingency Plan is to comply with Section 1301 Regulations Governing Solid Waste in the 1300 Waste Management Section of the Delaware Administrative Code, which requires transporters of infectious and chemotherapeutic waste to transport waste in a manner which does not adversely affect or endanger the public health, safety, welfare, or the environment. In order to deal with accidents or spills during transportation of these wastes, transporters must develop and implement a contingency plan to deal with emergencies affecting the environment, public health, and safety resulting from an incident while transporting infectious and chemotherapeutic waste.

On the following pages, you will find the procedures and methods utilized to execute the DE Infectious Waste Transporter Contingency Plan.



Approvals

NEIE MWS certifies that the procedures and methods listed in this Delaware Infectious Waste Transporter Contingency Plan have not changed and continue to meet company objectives.

 _____ Jeremy Feldbusch, President, NEIE MWS	2/282019 _____ Date
 _____ Patricia Sumner, Member, NEIE MWS	2/28/2019 _____ Date
 _____ Dean Hohman, Member, NEIE MWS	2/28/2019 _____ Date

DE Infectious Waste Transporter Contingency Plan

**Delaware
Infectious Waste Transporter Contingency Plan
Plan Revision & Approval**

Version #	Implemented By	Revision Date	Approved By	Signature	Approval Date	Reason
2	Jeremy Feldbusch	12/31/21	Jeremy Feldbusch		12/31/21	Address Change
3	Jeremy Feldbusch	1/26/23	Jeremy Feldbusch		1/26/23	24-Hour Phone number change

DE Infectious Waste Transporter Contingency Plan

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DE Infectious Waste Transporter Contingency Plan**I. PURPOSE**

The purpose of this document is to provide guidance and describe requirements for the proper management of biomedical waste as a transporter in the state of Delaware. The Delaware Administrative Code, Section 1301 governs Solid Waste and requires transporters of infectious and chemotherapeutic waste to transport waste in a manner which does not adversely affect or endanger the public health, safety, welfare, or the environment. In order to deal with accidents or spills during transportation of these wastes, transporters must develop and implement a contingency plan to deal with emergencies affecting the environment, public health, and safety resulting from an incident while transporting infectious and chemotherapeutic waste.

This plan presents procedures and methods used in the event of an emergency. NEIE Medical Waste Services (NEIE MWS) transporters and employees will operate in accordance with sound environmental and commonly accepted waste management practices.

This Plan only applies to the transportation of infectious and chemotherapeutic waste, not generation, storage, processing, or disposal of infectious and chemotherapeutic waste.

A copy of the most recently approved Delaware Infectious Waste Transporter Contingency Plan (TCP) shall be carried on each transport vehicle at all times. Information in the TCP shall be kept current.

Copies of the Plan are provided online and in the office at 3100 New Kent Highway, Quinton, VA 23141.

DE Infectious Waste Transporter Contingency Plan**II. RESPONSIBILITIES**

NEIE MWS personnel, drivers and other parties (subcontracted personnel) who handle Infectious, Biomedical or Regulated Medical Wastes (RMW) are required to comply with applicable federal and state regulations as well as the policies and procedures set forth in this Delaware Infectious Waste Transporter Contingency Plan. It is the responsibility of all personnel to see that Infectious Wastes are managed in a safe, healthy, and environmentally sound manner.

Under federal and state regulations, NEIE MWS transporters are accountable for the transport and management of these wastes. Civil and criminal penalties may result from failure to comply with these requirements. While NEIE MWS is responsible for maintaining compliance, any personnel could have individual liability in the event of a violation of regulatory requirements.

The Delaware Department of Natural Resources and Environmental Control has comprehensive rules for the management of infectious waste. The rules include requirements for storage, transport, disposal, licensing and processing. NEIE MWS shall abide by the provisions of 1301 Regulations Governing Solid Waste of the 1300 Waste Management Section of the Delaware Administrative Code.

At NEIE MWS, the following general responsibilities are identified.

President

President is responsible for:

- Implementation of these Delaware Infectious Waste Transporter Contingency Plan policies and procedures at NEIE MWS.
- Communicating the importance of these Delaware Infectious Waste Transporter Contingency Plan policies and procedures throughout the company.

Members/Officers

Members/Officers are responsible for:

- Providing adequate resources to help assure compliance with Regulated Medical Waste regulations and these Delaware Infectious Waste Transporter Contingency Plan policies and procedures.
- Tracking and reviewing Regulated Medical Waste compliance performance.

EHSO Director:

EHSO Director is responsible for:

- Reading and understanding federal, state, and city laws, rules, and regulations relating to Regulated Medical Waste and stay current with changes in the laws, rules, and regulations.
- Developing and Implementing NEIE MWS's Delaware Infectious Waste Transporter Contingency Plan.

DE Infectious Waste Transporter Contingency Plan

- Maintaining required documents and records of Regulated Medical Waste training, generation, shipment, and disposal.
- Training staff and contractors at NEIE MWS for the performance of their tasks as they may relate to RMW in an efficient and competent fashion and the provision of instruction regarding the impact that their activities can have on the environment if performed incorrectly.
- Regular inspection of areas where Regulated Medical Wastes are stored on the transport vehicle to ensure that Regulated Medical Wastes have been properly identified, labeled, segregated, and stored for collection and transport.
- Awareness of the current legal requirements concerning Regulated Medical Waste disposal and to contact the Delaware Department of Natural Resources and Environmental Control when questions arise.
- Arrangement of Biomedical Waste transportation and pickups and to ensure that disposal is safely and completely performed.

Regulated Medical Transporters and Waste Handlers

NEIE MWS personnel who handle Regulated Medical Wastes are responsible to:

- Read and understand, to the extent appropriate to their work, Delaware's Statutes governing Solid Waste which includes Infectious Waste. Moreover, they shall read and understand the NEIE MWS Delaware Infectious Waste Transporter Contingency Plan and associated Resource Conservation and Recovery Act (RCRA) documentation.
 - Title 7 Natural Resources & Environmental Control, Delaware Administrative Code, Department of Natural Resources & Environmental Control, 1300 Waste Management Section, 1301 Regulations Governing Solid Waste
- Be familiar with the properties, health risks, and precautions required for handling the respective Regulated Medical Waste.
- Become familiar with available data concerning chemicals used and wastes generated; use reference books, articles, and NEIE MWS's Standard Operating Procedures (SOPs).
- Select and use appropriate personal protective equipment (e.g., gloves, goggles, protective clothing, safety boots, or other measures as may be applicable) required to safely work with Regulated Medical Waste.
- Contact the EHSO with any questions regarding chemical or waste management, including training, waste identification, regulations, reference materials or any aspect of regulated medical waste management.
- Plan for collection, transport, and removal of Regulated Medical Waste in accordance with NEIE MWS's Delaware Infectious Waste Transporter Contingency Plan.

DE Infectious Waste Transporter Contingency Plan

III. INTERNAL/EXTERNAL COMMUNICATIONS

Communications

Call 911 (from a land line or mobile phone) in the event of any emergency or perceived emergency.

For any after-hours concerns regarding NEIE MWS, contact the **24-hour emergency** number **1-866-313-7878**.

Emergency Response Coordinators

Patricia Sumner – Primary Coordinator
Cellular: (508) 341-5628
Office: (804) 932-8412

Dean Hohman – Secondary Coordinator
Cellular: (757) 635-2661
Office: (804) 932-8415

NEIE MWS Office POC Information

MAIN OFFICE (M-F 8:00 AM-5:00 PM)

9 West Market Street
Blairsville, PA 15717
Phone: (724) 675-8491
Fax: (724) 675-8493

MID-ATLANTIC REGIONAL OFFICE (M-F 8:00 AM-5:00 PM)

3100 New Kent Highway
Quinton, VA 23141
Phone: (804) 932-8412
Fax: (804) 932-8415

Patricia Sumner – Cellular (508) 341-5628
Dean Hohman - Cellular (757) 635-2661

CUSTOMER SERVICE (M-F 8:00 AM-5:00 PM)

Rising Sun, MD
Lorie Flechsig
Phone: (410) 658-1633
Fax: (443) 327-4609

NEIE MWS 24-Hour Emergency Number: (866) 313-7878

DE Infectious Waste Transporter Contingency Plan**Emergency Response Contractors****1. Clean Harbors Environmental Services, Inc. (Bridgeport Field Services)**

P.O. Box 337

Bridgeport, NJ 08014

Shipping Address

2858 Route 322

Bridgeport, NJ 08014

EPA ID Number: NJD053288239

Phone: (856) 467-3102**24-Hour Emergency Operations Center: (800) 645-8265**

With more than 200 locations in North America, Clean Harbors has the manpower, equipment and technical expertise to manage any size biological and infectious emergency on land or water. In the event of an emergency that requires an Emergency Response Contractor, NEIE MWS would call Clean Harbors Emergency Operations Center (EOC) and the call will be routed to the service center closest to the emergency. At that time, the EOC operator will connect to a coordinator who is responsible for dispatching personnel and equipment to the emergency site.

The response personnel will execute the clean-up and disposal of your waste in strict accordance with the most current EPA and DOT regulations. At the conclusion of the event, Clean Harbors can dispose of any waste generated at one of their approved treatment and disposal facilities.

2. Lewis Environmental

EPA ID Number: PAD987378940

101 Carroll Dr, New Castle, DE 19720

Phone: (302) 669-6010**Emergency Line: (800) 258-5585**

Lewis Environmental specializes in providing immediate personnel and resources to respond to environmental threats, natural disasters and biological and other incidents 24/7/365. Lewis' Operations Centers are equipped and staffed with full-time, expertly trained personnel, capable of responding to each incident immediately, safely and successfully, addressing the issue and minimizing additional hazards and risks.

3. HEPACO, LLC

EPA ID Number: NCD986194306

Northeast Regional Office

6901 Kingsessing Avenue

Philadelphia, PA 19142

DE Infectious Waste Transporter Contingency Plan**Phone: (215) 729-3224**

Mid-Atlantic Regional Office (Service Center)

7112 Commercial Avenue

Baltimore, MD 21237

Phone: (443) 438-2710; 1-800-888-7689

HEPACO is an emergency response, industrial services, environmental remediation, abatement services, maritime services and non-hazardous waste water treatment company. HEPACO's emergency response services are available 24/7/365 by simply calling the Ready Response Hotline at 1-800-888-7689. HEPACO's emergency response division was created to effectively manage incidents for both public and private sector clients.

HEPACO is committed to performing environmental cleanup work effectively. HEPACO conducts remediation using procedures that meet stringent requirements to protect the health and safety of workers, the public, and the environment. Their trained professionals operate within the framework of a variety of environmental regulations and understand the impact of local issues on site cleanup.

Delaware Emergency (Incident/Spill/Discharge) Contact and Reporting

Any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment of any listed substance that exceeds the reportable quantity is considered an emergency release. Any facility or transporter that has an emergency release must report the release. Both initial and follow-up reporting are required.

In the event of a discharge or spill of RMW or chemotherapeutic waste during transportation, NEIE MWS shall take appropriate immediate action to protect the health and safety of the public and the environment. NEIE MWS shall immediately call (using a land line or mobile phone) and report spills (Attachment A-1) and other emergencies to:

- **Department of Natural Resources and Environmental Control's (DNREC) Emergency Response Team 24-Hour Environmental Response Line: (800) 662-8802 (24 hours a day)**

The DNREC's Emergency Response Team (ERT) maintains a rapid, comprehensive, 24/7 response to emergency and non-emergency statewide petroleum and hazardous substance incidents for the protection of human health, safety, and the environment. The ERT also responds outside the state when an incident in Delaware is impacting a neighboring state or when an incident originating in a neighboring state is impacting Delaware.

DE Infectious Waste Transporter Contingency Plan

This 24-Hour Response line is also referred to as the Department's Environmental Emergency Notification and Complaint Number.

- **Delaware Local Police and Fire Departments - 911 or 0 (Operator)**
- **National Response Center at 1-800-424-8802**

The NEIE MWS driver shall include the following information in the initial notification:

1. The chemical name or identity of any substance involved in the release.
2. Location of the release.
3. An indication of whether the substance is on the extremely hazardous substance list.
4. An estimate of the quantity of any such substance that was released into the environment.
5. The time and duration of the release.
6. The medium or media into which the release occurred.
7. Any known or anticipated acute or chronic health risks associated with the emergency and, where appropriate, advice regarding medical attention necessary for exposed individuals.
8. Proper precautions to take as a result of the release, including evacuation.
9. The names and telephone number of the person or persons to be contacted for further information.

NEIE MWS must also report relevant information (in writing) to the Department within 5 calendar days. For transportation releases, the written follow-up emergency notice (Attachment A-2) must be submitted as soon as practicable after a reportable release. These written follow-up reports must be submitted to the Department of Natural Resources and Environmental Control which serves as the Delaware State Emergency Response Commission. Reports should be sent to:

DNREC Emergency Prevention and Response Section
Attn: Written Release Reports
155 Commerce Way, Suite B
Dover, Delaware 19904

Follow-up notifications must include:

- An update of any information given in initial notification.
- Actions taken to respond to and contain the release.
- Any known or anticipated acute or chronic health risks associated with the release.
- Advice regarding medical attention necessary for exposed individuals.

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- Several additional items are required to fulfill the Delaware Regulation 6028/Regulation 1203 requirements. Please use the incident report available at <http://www.dnrec.delaware.gov/SERC/Information/MoreInfo/Documents/Incident-Release-Report-Form.pdf> to fulfill state and federal requirements.

Additional Emergency Phone Numbers

- **Department of Natural Resources and Environmental Control** at (302) 739-5072 or 1-800-662-8802
- **Local Emergency Planning Committees** at 1-866-274-0884 (notify each LEPC affected) if at Fixed Facility
- **Department of Natural Resources and Environmental Control's Division of Waste and Hazardous Substances**
Main Office: (302) 739-9400
Emergency Prevention & Response Section: (302) 739-9404
Solid & Hazardous Waste Management Section: (302) 739-9403
- **Delaware Emergency Management Agency**
Telephone: (302) 659-DEMA (3362) or (877) SAY-DEMA
If calling in Delaware only: (877) 729-3362

New Castle County Office of Emergency Management
(302) 395-2700

City of Wilmington Emergency Management Office
(302) 576-3914

Kent County Department of Public Safety Emergency Management Division
(302) 735-3465

Sussex County Emergency Operations Center
(302) 855-7801

- **Region 3 (Mid-Atlantic) U.S. Environmental Protection Agency** (Oil spills or chemical releases) – National Response Center: 800-424-8802
- **Poison Control Center**
800-222-1222

DE Infectious Waste Transporter Contingency Plan**IV. DRIVERS IMMEDIATE CORRECTIVE ACTION PLAN**

The NEIE MWS transport vehicle will be used strictly for the transport of biomedical waste. All waste will be handled, transported, and offloaded effectively to minimize spillage. At no time during the process will RMW be decanted or opened while in NEIE MWS possession. However, daily cleaning will be accomplished to minimize odor and/or potential litter.

If decontamination is needed, it will be accomplished through the use of a hypochlorite cleaning solution.

A spill or accident that results in an exposure incident must be immediately reported to the supervisor.

If the spill is small, and there are no health or safety concerns, immediately take steps to contain, disinfect, and clean up the spilled material.

In the event of a biomedical waste spill or leak, the person discovering the release must immediately initiate the following actions:

- Determine if there is an immediate threat to human health, evacuate the immediate area;
- Attempt to stop or contain the spill/release at the source (provided there are no health or safety hazards and there is a reasonable certainty of the origin of the leak);
- Isolate all potential environmental receptors such as floor drains, catch basins, sumps, exposed soil, and runoff areas (provided there are no health or safety hazards in doing so); and
- Contact the Facility Manager to provide information regarding the spill event.

The Facility Manager will direct and coordinate the spill clean-up activities and evaluate if an environmental contractor will be required to perform the clean-up activities.

Spill Procedures

Employees can minimize small spills by carefully inspecting all containers and following safe handling procedures. If a spill occurs, it will be small and can be handled by employees immediately.

Following a spill of RMW, or its discovery, the following procedures shall be implemented:

- Take appropriate precautions to ensure personnel do not come in contact with any contaminants by wearing appropriate PPE;

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- Repackage soiled waste in accordance with the packaging requirements of the Department;
- Clean and disinfect any areas that may have come into contact with RMWs;
- Materials used to decontaminate the area will be disinfectants effective against mycobacteria; and
- Take necessary steps to restock containment and cleanup kits after use.

NEIE MWS shall clean up a regulated medical or chemotherapeutic waste discharge or spill that occurs during transportation or take action that may be required or approved by the Department so that the discharge or spill no longer presents a hazard to public health, public safety or the environment.

If larger spills occur and waste is scattered over a large area, the employee must contact the office immediately for instructions and assistance. The office will notify the Department and contact the contracted major spill service, if necessary, to perform any necessary biohazard abatement.

The employee will wear PPE and secure the area to the best of his/her ability. He/she will clear the areas of all non-essential personnel and contain the spill as much as possible. He/she should inform the authority present of the nature of the material involved. When company personnel arrive, the spill cleanup procedures will be followed.

If a discharge or spill of RMW or chemotherapeutic waste occurs during transportation, and if the immediate removal of the waste is necessary to protect public health and safety or the environment, the Department may authorize the removal of the waste to a selected receiving facility by transporters who do not have identification numbers, licenses, logs or shipping papers.

Spill Containment and Clean Up Kit

All NEIE MWS transport vehicles are equipped with a spill containment and cleanup kit whenever RMWs are conveyed. The kit shall provide for rapid and efficient cleanup of spills. The kit shall consist of at least the following items:

- An adequate amount of absorbent material. The amount of absorbent material shall be that having a capacity, as rated by the manufacturer, of one gallon of liquid for every cubic foot of RMW that is normally managed in the area for which the kit is provided or 10 gallons, whichever is less;
- One gallon of EPA-approved disinfectant in an appropriate applicator;
- Enough fluorescent orange, orange-red, or red or yellow, or both, plastic bags to enclose 150% of the maximum load accumulated or transported (at least 50 but up to a maximum of 500 bags), that meet the applicable requirements of § 284.413

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(relating to storage containers). These bags shall be large enough to over pack any box or other container normally transported in the vehicle;

- Appropriate PPE (at least two sets of protective overalls, gloves, boots, caps, goggles and masks. The protective garments shall be oversized or fitted for the vehicle operators); and
- For vehicles only: a first aid kit, fire extinguisher, boundary marking tape, lights, and other appropriate safety equipment.

Cleanup

- Do not leave the area unattended;
- Do not allow unauthorized personnel into the area;
- Access spill response kit immediately;
- Priority shall be given to prevent discharges from the transport vehicle;
- Use broom and dustpan to pick up any spilled sharps and place them in a sharps container. If the spill is a solid, collect and dispose of it in a medical waste container;
- Apply absorbent material to isolate spilled material to the smallest possible extent;
- Areas contaminated with spills will then be disinfected with the approved disinfectant. Remaining disinfecting solution will be collected with absorbent material and placed in a plastic bag for decontamination treatment; and
- Clean hands with antibacterial wipes, hand sanitizer, or wash thoroughly with soap and water.

Repackaging

- Collect spilled material and place in appropriate plastic bags and lined containers;
- Collect absorbent material and place in proper packaging containers;
- Spills resulting from leaking containers will be remediated by placing the leaking container in double plastic bags (both sealed);
- If protective clothing becomes soiled with the spilled material, the clothing will be removed and placed in a plastic bag for decontamination treatment;
- All spill materials collected will be treated by the steam decontamination process (off-site); and
- All spills must be immediately reported to the Facility Manager.

Personal Protection

Proper safety equipment is necessary for protection. The employee must use all safeguards and carry out all regulations that may concern or affect safety. Appropriate personal protective equipment shall be worn prior to initiating and while executing the cleanup. The personal protective equipment includes:

1. Latex/Nitrile gloves, protective clothing, safety glasses and/or goggles (in the event of splashing);

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2. Long pants/long sleeved shirts, daily uniform, disposable coveralls, or an apron; and
3. Safety Boots – All employees working in a safety sensitive function are required to wear safety boots at all times on the facility storage floor.

Personnel Exposure or Contamination

In the event of personnel exposure or contamination, the following procedures should be implemented:

1. Remove the exposed or contaminated personnel from the contaminated area, unless it is unsafe to do so due to the medical condition of the victim or the potential hazard to the rescuer;
2. Administer first aid as appropriate;
3. Remove any contaminated clothing;
4. Proceed to the nearest emergency eyewash/shower to flush contamination from the eyes and skin;
5. If the incident occurs during normal working hours, notify the Operations Manager; and
6. Stand by to provide emergency information.

Contamination of Transport Vehicle

In the event of contamination of the facilities, the following procedures should be implemented:

1. DO NOT attempt any cleanup or decontamination procedures alone or without wearing PPE, including respiratory protection if respiratory pathogens may be present. Unless the spill is minor and well defined do not clean up the material without Facility and Operations Manager approval;
2. Avoid spreading contamination by limiting access to the contaminated equipment/area only to individuals who are properly protected and trained to respond to all types of hazards that exist;
3. If the spill involves a liquid, place absorbent material on the spill and decontaminate with an approved disinfectant for a minimum of a 10-minute contact time;
4. If sharps are involved, pick the sharps up using mechanical means, such as tongs, forceps, or dustpan and broom. Do not use your hands to pick up sharp items, even if gloves are worn;
5. Decontaminate area under a supervisor's direction using appropriate methods; and
6. Stand by to provide emergency information and assistance to Emergency Response Personnel, if required.

Release to the Environment (air, water, soil)

In the event of a release to the environment, the following procedures should be implemented:

DE Infectious Waste Transporter Contingency Plan

1. Stop the release, if safe to do so;
2. Follow these procedures;
 - DO NOT attempt any cleanup or decontamination procedures alone or without wearing PPE, including respiratory protection if respiratory pathogens may be present. Unless the spill is minor and well defined do not clean up the material without Facility and Operations Manager approval;
 - Avoid spreading contamination by limiting access to the contaminated equipment/ area only to individuals who are properly protected and trained to respond to all types of hazards that exist;
 - If the spill involves a liquid, place absorbent material on the spill and decontaminate with an approved disinfectant for a minimum of a 10-minute contact time;
 - If sharps are involved, pick the sharps up using mechanical means, such as tongs, forceps, or dustpan and broom. Do not use your hands to pick up sharp items, even if gloves are worn;
 - Decontaminate area under a supervisor's direction using appropriate methods; and
 - Stand by to provide emergency information and assistance to Emergency Response Personnel, if required.
3. Make immediate notifications. Report any information of a release or discharge of RMW from the transport vehicle or of a fire or explosion which could threaten the environment or human health outside the transport vehicle. The description of the occurrence and its cause shall include:
 - Name, address, and telephone number of the owner or operator;
 - Name, address, and telephone number of the facility;
 - Date, time, and type of incident;
 - Name and quantity of the material(s) involved;
 - The extent of injuries, if any;
 - An assessment of actual or potential hazards to the environment and human health outside the transport vehicle, where this is applicable; and
 - Estimated quantity and disposition of recovered material that resulted from the incident.

Transferred Waste Due to Emergency

In case of an emergency situation, including mechanical failure, NEIE MWS shall:

- If the emergency occurs during transport, biomedical waste may need to be transferred to another transport vehicle without being at a storage or treatment facility. If another transporter is used it shall be one of the following:
 - Stericycle, Inc. – PA-HC0196
1525 Chestnut Hill Road

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Morgantown, PA 19543
(513) 543-7073

- Daniels Sharpsmart –PA-HC0254
111 West Jackson Boulevard
Suite 720
Chicago, IL 60604
(312) 546-8933
- Biomedical waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.
 - Stericycle, Inc.
 - Daniels Sharpsmart

DE Infectious Waste Transporter Contingency Plan**V. SAFETY AND SPILL CONTROL EQUIPMENT**

NEIE MWS maintains Emergency and Safety Equipment on its transport vehicle. Routine inspections on all equipment ensures a place of employment free from recognized hazards that are causing, or likely to cause, death or physical harm. Compliance with the Occupational Safety and Health Administration (OSHA) aims to ensure better working environments for all NEIE MWS employees.

All equipment shall be tested and maintained as necessary to assure its proper operation in time of an emergency.

Emergency equipment includes:

- Fire extinguisher
- Biohazard Spill Kit which contains:
 - An adequate amount of absorbent material;
 - One gallon of EPA-approved disinfectant in an appropriate applicator;
 - Enough fluorescent orange, orange-red, or red or yellow, or both, plastic bags to enclose 150% of the maximum load accumulated or transported (at least 50 but up to a maximum of 500 bags). These bags shall be large enough to over pack any box or other container normally transported in the vehicle;
 - Appropriate PPE (at least two sets of protective overalls, gloves, boots, caps, goggles and masks. The protective garments shall be oversized or fitted for the vehicle operators);
- First Aid Kit
- Bloodborne Pathogen Kit
- Lights or Reflectors
- Boundary Marking Tape
- Shovel

After an emergency, all equipment shall be decontaminated, cleaned, and fit for its intended use before normal operations resume.

DE Infectious Waste Transporter Contingency Plan**VI. EMERGENCIES AND NATURAL DISASTERS**

The NEIE MWS transporter will immediately notify the local emergency services or 911 (from a land line or mobile phone), if necessary. The employee will immediately notify their manager of any emergency occurrence.

Personnel Accountability during Emergencies

Employee safety is the first priority. The NEIE MWS Manager will determine if implementation of evacuation is appropriate and will immediately notify the driver.

Personnel accountability is the initial responsibility of the employee in charge:

1. Identify all personnel;
2. Locate all personnel and get them to the pre-developed rally point;
3. Know the names and last known locations of anyone who does not rally; and
4. NEIE MWS personnel will not engage in rescue operations. This will be left to Emergency Management Services.

Fire

If there is a fire emergency:

Upon discovering a fire, explosion or smoke in the transport vehicle, call 911 and exit the vehicle. Assist mobility-impaired individuals if they are in the vehicle with you.

Do not attempt to extinguish the fire unless comfortable with the situation and using a fire extinguisher.

Once out of the vehicle, stay away from the transport vehicle and do not re-enter the vehicle or leave until the all-clear is given.

If someone is injured during the fire or evacuation, call 911. Report damage to the Supervisor.

Medical Emergencies

In case of medical emergencies, immediately call 911. When reporting the emergency, provide the following information:

- Your name.
- Type of emergency.
- Location of the victim.
- Condition of the victim.
- Any dangerous conditions.

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- Comfort the victim and try not to move him or her until emergency medical personnel arrive. Practice universal precautions – protect yourself from blood or body fluid exposures.
- Have someone standby outside the building to flag down EMS when they reach the vicinity of the vehicle.
- If applicable, the appropriate accident report should be completed.

Lockdown

A lockdown is a temporary sheltering technique utilized to limit exposure to imminent threat of violence. A lockdown will be made only if there is a serious risk of danger to staff.

In the event of an incident requiring initiation of a facility lockdown, the following should occur:

- Employees will lockdown all exterior doors via manual locks. Exterior doors that require manual locking should be tied shut with a belt or any other available means to prevent entrance.
- If not already notified, the supervisor or employees will contact and coordinate with our responding agencies (Police, Fire, and/or Sheriff).

Severe Weather/Tornado

Watch - A tornado or severe thunderstorm watch means severe weather is possibly approaching. Continue normal activities but also continue to monitor the situation.

Warning - If the approaching severe weather is deemed to pose an immediate threat to the area, the watch may be elevated to a severe thunderstorm or tornado warning. You should take the following steps:

- Notify the employees of the severe weather warning.
- If it is a thunderstorm warning, you should stay indoors and away from windows until the storm passes.
- Call 911 if necessary. When calling provide the following information:
 - Location
 - Type of emergency
 - Condition of the victim
 - Any dangerous conditions
- If it is a tornado warning, and you are in a vehicle, get out and seek shelter in a sturdy building. If a building is not available, a depression such as a ditch or ravine offers some protection.
- Supervisors are expected to interrupt work activities and take responsibility for their employees.

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- After danger has passed, immediately report injuries needing immediate medical attention to 911.
- Immediately leave a badly damaged building or vehicle and do not attempt to return unless directed to do so by Environmental Health and Safety Manager or Public Safety.

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VII. DRIVER PREVENTATIVE MEASURES

Even though NEIE MWS's trucks are inspected annually, NEIE MWS drivers are required to complete a thorough pre-trip and post-trip inspection as it is essential to the safe operation of equipment. Any defects or possible defects found must be reported so that maintenance can be scheduled.

NEIE MWS requires a report of damages to all company equipment be made when the damage is first noticed. Failure to report damages could result in being charged for damage whether you were at fault or not.

It is the driver's responsibility to carry a copy of the vehicle condition report that is completed and signed. If there are items marked as "requiring correction," you must carry it with you in cab of the truck. This report can be inspected at any time by enforcement personnel and may result in a ticket if not completed.

Tire Checks

Drivers who are hauling hazardous materials are required to check their tires. This requirement applies to any motor vehicle engaged in the transportation of hazardous materials which must be marked or placarded. The minimum standards are as follows:

- Tires on steer axles not to be less than 4/32 tread when measured at any point on a major tread groove.
- 2/32 tread when measured at major tread groove on non- drive axels.
- No visible body ply or belt material exposed through sidewall.
- Has no tread or sidewall separation.
- Has no cut where construction is exposed.
- A no tube-type radial tire without radial tube stem markings. These markings include a red band round the tube stem, the word "radial" embossed in metal stems, or the word "radial" molded in rubber stems.
- Tire flap protrudes through valve slot in rim and touches stem.
- Cannot be a re-grooved tire except motor vehicles used solely in urban or suburban service (exception §393.75(e) in FMCSR.
- Weight carried cannot exceed tire load limit. This includes overloaded tire resulting from low air pressure.
- Tire flat or has noticeable leaks that can be heard or felt.
- It cannot be so mounted or inflated that it comes in contact with any part of vehicle.

Drivers Checking Their Loads

Drivers are required to check their loads and ensure the cargo is properly secured. Drivers must check their loads:

- Before the trip starts,

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- Within the first 50 miles after beginning the trip, and
- Whenever the driver makes a change of duty status or after the vehicle has been driven for 3 hours or 150 miles, whichever occurs first.

Pre-Trip Inspection Information

Before hitting the road, commercial drivers should perform a pre-trip inspection (Attachment A-3) to ensure the truck is safe to drive. Drivers inspect many aspects of their commercial vehicle including, but not limited to:

- Overall safety of the vehicle.
- All major vehicle hoses. The driver should check the condition of the vehicle's hoses and look for puddles on the ground or dripping fluids that might indicate a leak.
- All major fluid levels, such as oil, power steering fluid, and more.
- All major vehicle belts, including the power steering belt, water pump belt, alternator belt, and air compressor belt. Check for the snugness of all belts, as well as for cracks or frays.
- Check the clutch or gearshift.
- Ensure the oil pressure gauge functions properly.
- Confirm that all mirrors and windshields are clean, undamaged, and unobstructed
- For non-power steering vehicles, ensure the steering play is within the normal range.
- Double check that emergency equipment is on board. Truck drivers should carry spare electrical fuses, at least three reflective triangles, and a properly charged and rated fire extinguisher at all times.

It is the driver's responsibility to notify their manager if the transport vehicle is in need of any repairs. A Pre-Trip Inspection Form (Attachment A-4) will be completed.

Roadside Inspection Information

Roadside inspections are conducted at weigh stations, portable scales, and a variety of other roadside locations. After receiving a roadside inspection report from a driver, NEIE MWS must correct all noted defects, must certify on the form that violations have been corrected, and must mail the completed form to the address shown. This must be done within 15 days following the date of the inspection.

NEIE MWS must retain a copy of each completed roadside inspection form for 12 months, either at the principal place of business or where the vehicle is housed.

Post-Trip Inspection Information

Each NEIE MWS driver must prepare a driver's vehicle inspection report (Attachment A-4) in writing at the end of each day's work on each vehicle operated. This inspection report lists any defects or deficiencies which could affect vehicle safety or result in a breakdown.

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The driver who prepared it must sign it. If a defect was noted, then a mechanic or other company official must sign it to indicate either that the vehicle has been repaired or that repairs are unnecessary. Finally, if a defect was noted, the next driver of the vehicle must sign the report.

The form can be immediately file but must be kept for three months from the date it was prepared. It does not have to be carried in the vehicle.

Out of Service (OOS) Criteria

Authorized personnel shall declare and mark "out of service", any motor vehicle which by reason of its mechanical condition or loading, would likely cause an accident or a breakdown. An "Out of Service Vehicle" sticker shall be used to mark vehicles "out of service." The vehicle will not be operated until all repairs have been satisfactorily completed.

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ATTACHMENTS

A-1. Spill Report Form

All Sections Must Be Completed. Information Must Be Typed or Printed.

Reported Date:	Time:
Person Completing the Form:	Company Name & Mailing Address:
Name: _____	Company Name: _____
Phone Number: _____	Street: _____
Cell Number: _____	City: _____
Fax Number: _____	State: _____
	Postal Code: _____
Affiliation:	Company Where Spill Occurred:
Employee: _____	Same as Above: _____ or
Contractor: _____	Company Name: _____
Transporter: _____	Street: _____
Other: ____ (Explain Below):	City: _____
	State: _____
	Postal Code: _____
Name of Person Completing Spill Report Form:	Attach separate sheet which includes but is not limited to:
Name: _____	1. Cause of spill.
Phone Number: _____	2. Detailed description of spill location including maps and photos.
Cell Number: _____	3. Immediate remedial action taken.
Fax Number: _____	4. Containment measure taken (if any).
	5. Contact information of affected third parties.
	6. Product disposal (attach copies of bills of lading).
	7. Description of all remedial activities.
	8. Actions taken or anticipated to prevent future occurrences.
	9. Facility code or operation ID (if applicable) of spill location.
	10. Any additional comments which may be relevant to the spill event.
Incident Date:	Incident Time:
Material Spilled:	Volume (L) / Quantity (kg):
UN Number: _____	
Shipping Name: _____	

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A-2. Incident Report

Regulation 1203 / Section 6028
**“Reporting of a Discharge of a Pollutant
or an Air Contaminant”**

INCIDENT REPORT



STATE OF DELAWARE

**Department of Natural Resources and Environmental Control
Emergency Prevention and Response Section
155 Commerce Way, Suite B
Dover, Delaware 19904**

Date Submitted _____

For Facility _____

For Incident Occurring on _____

If release not applicable to Reporting Regulation, but is being requested by a DNREC representative:

This Report was requested by: _____ on _____ (date)

Must be submitted by: _____ (date)

DE Infectious Waste Transporter Contingency Plan

**STATE OF DELAWARE
6028 INCIDENT REPORT**

Sending this Report fulfills your obligation to submit a written report pursuant to **7 Del.C.**; Section 6028, and the corresponding "**Reporting of a Discharge of a Pollutant or an Air Contaminant**" Regulation 1203. Submission of the information in Part I of this Report also fulfills the requirements of the Environmental Protection Agencies (EPA) Section 304(c) of the Emergency Planning and Community Right-to Know Act of 1986 (*SARA, Title III*), Section 304, *Emergency Notification* (40 CFR part 355) to submit a written follow-up report "as soon as practicable" (within 30 days).

A copy of **all** written follow up reports for discharges initially reported as required by Section 2.5 of the "**Reporting of a Discharge of a Pollutant or an Air Contaminant**" Regulation **must** be submitted to the DNREC Emergency Prevention and Response Section Central Depository (Address below). A Report (Part I) sent to the Central Repository fulfills federal rule 40 CFR Part 355.40 (b) 3 requirement to submit a written follow up to the State Emergency Response Commission (SERC) for the State of Delaware.

 DNREC Central Repository:	
Attn: Written Release Reports Emergency Prevention and Response Section 155 Commerce Way, Suite B Dover, DE 19904 Phone: (302) 739-9405 Fax: (302) 739-3106	(Also serves as submission to Delaware SERC)

Federal notification requirements *also require a written report update (minimum Part I)* to the appropriate local emergency planning committee (LEPC) and the SERC of any (other) State likely to be affected by the release.

LEPC Addresses	
<input type="checkbox"/> New Castle County LEPC P.O. Box 2998 Wilmington, DE 19805-0998 Phone: (302) 395-3633 Fax: (302) 323-4573	<input type="checkbox"/> Kent County LEPC Kent County Emergency Services Building 911 Public Safety Boulevard Dover, DE 19901 Phone: (302) 735-3465 Fax: (302) 735-3473
<input type="checkbox"/> Sussex County LEPC 21911 Rudder Lane P.O. Box 589 Georgetown, DE 19947 - 0589 Phone: (302) 855-7810 Fax (302) 855-7805	<input type="checkbox"/> City of Wilmington LEPC 22 S. Heald Street Wilmington, DE 19801 Phone: (302) 576-3914 Fax: (302) 571-5491

Revised June 2018

DE Infectious Waste Transporter Contingency Plan

State of Delaware 6028 Incident Report
Part I

1. Facility Name and location of discharge: Facility Name: _____

Address City County State Zip Code

2. Name of owner or Operator and mailing address:

Address City County State Zip Code

3. Release Information:

Date _____ Estimated Start Time: _____ Duration: _____

4. Environmental Pathway(s)

AIR WATER LAND

5. Type of Incident (check All that apply)

SPILLING LEAKING PUMPING POURING EMITTING EMPTYING
 INJECTING ESCAPING LEACHING DUMPING DISCHARGING
 DISPOSING INTO THE ENVIRONMENT (Including the abandonment of, or discharge of, barrels, containers, or other closed receptacles)

WAS THERE A FIRE? or EXPLOSION?

6. Chemicals or substances and Chemical Abstract System (CAS) numbers that were involved. For mixtures, also indicate the constituent chemicals and associated CAS numbers discharged.

Indicate whether the chemical or chemicals are an Extremely Hazardous Substance, as defined Under the SARA Title III list codified in 40 CFR part 355. No Yes

DE Infectious Waste Transporter Contingency Plan

State of Delaware 6028 Incident Report
Part I

7. The quantity or estimated quantity of any chemical(s), substances, or compound(s) discharged into the environment. *Provide the method used to determine the amount(s).*
8. a. Was this incident a release to the air, water, or land involving a DNREC permit(s)?
(Note that while permitted releases are exempt from the Reporting Regulation, releases above permitted quantities and above the Reporting Regulation Delaware Reportable Quantity must be reported.)
- YES NO
- b. List all applicable DNREC Permit Number(s):

9. **INITIAL NOTIFICATION/REPORTING INFORMATION**

Indicate when the Initial Notification was made to each of the following:

- a. Department of Natural Resources & Environmental Control (DNREC): *(also serves as a DE -SERC Notification)*
(1-800-662-8802)
- Date: _____ Time: _____ Reporting Person: _____
- The CALL BACK NUMBER GIVEN: _____
- b. Affected Delaware LEPC Check at least one:
- Wilmington New Castle County Kent County Sussex County
- Date: _____ Time: _____ *(1-866-274-0884)*
- c. NATIONAL RESPONSE CENTER: *(1-800-424-8802)*
- Date: _____ Time: _____ Reporting Person: _____
- d. Did you call "911" (only if needed): Date: _____ Time: _____

All releases involving substances which are listed with reportable quantities in the Delaware "Regulation for the Reporting of a Discharge of a Pollutant or an Air Contaminant" must be reported to the DNREC number as defined in Section 2 of the Regulation [While DNREC agencies may participate as a result of a 911 call, calling 911 is not notification to DNREC].

DE Infectious Waste Transporter Contingency Plan

State of Delaware 6028 Incident Report
Part I

10. **CHRONOLOGY OF EVENTS**

Describe the Incident and Actions taken to respond to and contain the discharge, including precautions taken, evacuation (both on-site and off-site), and sheltering-in-place:

Were there any injuries or deaths onsite or off-site? Yes If yes, explain:

11. Explain any known or anticipated acute or chronic health risks associated with the emergency and, where appropriate, advice given regarding medical attention necessary for exposed individuals:

DE Infectious Waste Transporter Contingency Plan

State of Delaware 6028 Incident Report
Part II

Information contained in this Report shall be made available to appropriate State of Delaware Local Emergency Planning Committees, the State Emergency Response Commission or to interested public, except where such information is of confidential nature as defined in **29 Del. C.**, Section 100 and further defined in **7 Del. C.**, Section 6014. **If confidentiality for Part II or a designated section or enclosure is requested, please check here and mark the appropriate information as 'confidential':**

12. The facts and circumstances leading to the environmental release including a detailed identification of the pathway through which the discharge occurred and potential environmental impacts:

13. Measures proposed to prevent such a discharge from occurring in the future and to remedy the shortcomings, if any, in the prevention, detection, response, containment, cleanup or removal plan components. *(Please provide a Timetable for any corrective actions and, if appropriate, the DNREC or Federal Program and contact name that you are working with to implement)*
(It is understood that refinery flaring is a safety procedure. However, large flaring incidents could be due to safety shortcomings and should be reviewed with this in mind.)

NAME OF PERSON PREPARING THIS REPORT :

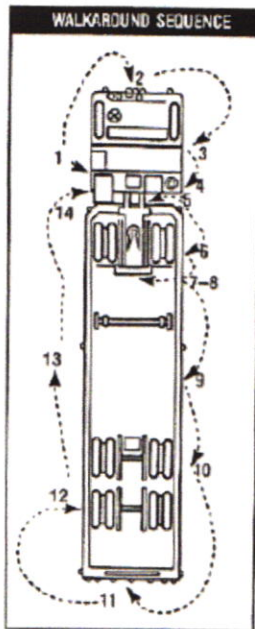
PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____

TELEPHONE NUMBER OF PERSON PREPARING REPORT _____

DE Infectious Waste Transporter Contingency Plan

A-3. Pre-Trip Inspection Procedure



Pre-Trip Inspection Procedure

Stations 1,3,6,10 and 12 Wheels and Brakes

- Inspect wheels for cracks, bent rims and broken studs, clamps and lugs. Check the inflation and valve stems, look for cuts, bulges, tread wear and signs of misalignment.
- Inspect wheel bearing and hub for leaking.
- Dual wheels should be evenly matched with the same type of tires.
- Check the condition of the brake drums, hoses, air chamber mounting and slack adjusters.

Station 2 Front Cab

- Check steering wheel system for damaged parts, inspect windshield and wiper blades, check lights, signal indicators and reflectors.

Stations 4 and 14 Saddle Tanks

- Fuel tanks and caps should be secure and not leaking.
- Check for leaks from the rear of the engine, transmission, drive shaft and exhaust system.
- Air lines and electrical wiring should be secure.
- Check frame and cross members for damage
- Battery and battery box should be secure: check battery fluid and cell caps.

Station 5 Trailer Front

- Glad hands should be properly mounted, undamaged and not leaking.
- Check the seating and safety catch on electrical plugs and secure air and electrical lines against tangling, snagging and chafing, with sufficient slack for turns.

Station 7 Rear of Tractor

- Cross members should not be bent or cracked.
- Lights and reflectors should be clean and operating.
- Secure air lines to frame.

Station 8 Fifth Wheel

- The fifth wheel should be securely mounted to the frame with no missing or damaged and no visible space between the upper and lower fifth wheel.
- Locking jaws should secure the shank, not the head of the kingpin, and the release lever should be properly seated and the safety lock engaged.

Stations 9 and 13 Trailer Sides

- Landing gear and dollies should be raised.
- Check for air or hydraulic leaks.
- Check the spare tire rack for damage and secure the wheel after checking its inflation level.
- Lights should be clean and operating.
- All placards should match.

Station 11 Trailer Rear

- Cargo and tailboard should be secured and canvas or tarp lashed down.
- Latch and lock rear doors and check the underguard.

DE Infectious Waste Transporter Contingency Plan

A-4. Vehicle Use Pre- & Post-Trip Inspection Form

VEHICLE USE PRE & POST TRIP INSPECTION FORM

Vehicle Number: _____ **Destination:** _____

1. The following items are located in this vehicle and it is your responsibility to ensure these items are in this vehicle before you depart and when you return. Any items found to be missing or deficient must be addressed prior to your departure by notifying Public Works.

Equipment & Supplies (check if item is present & OK)	Pre-trip	Post-trip
Spare Tire (inflated) with Jack (1 each)		
First Aid Kit (1 in trunk)		
Roadside Triangles (1 set in trunk)		
Pre-moistened Hand Towels (1 tube in trunk)		
Flash light (1 in glove box)		
Accident Reporting Kit (1 in glove box)		
Vehicle Registration Card (1 in glove box)		
Fire Extinguisher (1 mounted inside vehicle)		
Full Tank of Gas		

2. A walk-around safety inspection is required. Please inspect the vehicle for the following before and after your trip. Any problems must be reported to Public Works before departure.

check if OK)	Pre-trip	Post-trip
Headlights – no broken lens or bulbs, not at odd angle		
Left & right side view mirrors – no broken or cracked glass, (adjust if necessary)		
Tail lights, brake lights, turn signals – no broken or cracked lens, no burnt out bulbs, illuminates well		
Tires- good air pressure and tread, no uneven wear, cuts or bulges		
Windshield, windows – no cracks or discolorations, clean		
Windshield wipers – no worn blades		
No signs of fluid underneath vehicle		
Odometer readings (please write the pre & post trip readings)		

3. If you experience any problems with this vehicle during use, please use the back of this form to explain the problems. Note, any damages or claims resulting from the use of this vehicle are the responsibility of your organization per the signed Vehicle Use Form.

Pre trip inspection completed by:		
_____	_____	_____
(printed name)	(signature)	(date)
Post trip inspection completed by:		
_____	_____	_____
(printed name)	(signature)	(date)

Attachment 5

TRAINING

General

Training is one of the most important elements of any injury and illness prevention program. Such training is designed to enable employees to learn their jobs properly, bring new ideas to the workplace, reinforce existing safety policies and put the injury and illness prevention program into action. Training is required for both supervision and employees alike (Attachment A-18).

By law, an infection control plan must be prepared by every person that handles, stores, uses, processes, or disposes of infectious medical wastes. This infection control plan complies with OSHA requirement, 29 CFR 1910.1030, Blood Borne Pathogens. The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures. All infectious/medical material must be handled according to Universal Precautions (OSHA Instruction CPL 2-2.44A).

NEIE MWS personnel who handle biomedical waste are required to have training appropriate to their level of responsibility. Training will be provided to employees involved with the transporting or storage of infectious medical waste. Special training will also be provided by the Environmental Health and Safety Officer upon request to areas with unusual Regulated Medical Waste management requirements. Training for Regulated Medical Waste management will be updated to reflect the most current regulatory requirements. Training materials will include the following topics at a minimum:

- New Employee Orientation (When hired or when process change)
 - Identification of Regulated Medical Waste;
 - Proper container use, marking, labeling, and on-site transportation;
 - Tracking forms and off-site transportation;
 - Personal health and safety, and fire safety;
 - Discussion of methods for identifying tasks which involve the potential for exposure to blood products and other infectious materials;
 - Detailed information regarding the use and limitations of engineering controls for reducing exposure risks.
 - Detailed information regarding the use of PPE for reducing exposure risk;
 - Hands-on training detailing PPE types, applications, and proper use and care;
 - Hepatitis B Vaccination Program;
 - Explanation of NEIE's exposure control plan and a written copy of the plan; and
 - Waste Transporter Contingency Plan
- Yearly Training required by 29 CFR 1910.1030, OSHA Bloodborne Pathogens; and
- US DOT Training for Regulated Medical Waste - Shipping Regulated Medical Waste 49 CFR 172.704 (a) – every three years.

All training is documented and records are maintained on-site at the NEIE MWS Quinton office.

Safety Procedures

All transport personnel must be trained in proper work practices, the concept of universal precautions, personal protective equipment, and in proper clean-up and disposal techniques. All transport personnel will be trained in first aid and spill/emergency response procedures. Moreover, all transport personnel will receive the appropriate immunizations and annual training as required.

All facility personnel are required to adhere to the following guidelines:

- Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to any health hazard;
- Food and drink must not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious material is stored or in other areas of possible contamination;
- Use of tobacco (including smoking and chewing tobacco products) is prohibited;
- Eye protection (safety glasses, safety goggles, or face shield) is required when contact with body fluids is likely to occur;
- Wear daily uniform, disposable coveralls, or an apron whenever there is a possibility that bodily fluids could splash on skin or clothing;
- Latex or leather gloves must be worn when handling medical waste;
- Employees must wash their hands immediately, or as soon as possible, after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials;
- All personal protective equipment must be removed immediately upon leaving the work area, and if this equipment is overtly contaminated, it must be placed in an appropriate area or container for storage, washing, decontamination, or disposal; and
- Employees will be given training in first aid and spill/emergency response procedures.

Injuries and Exposures

If injured or exposed to infectious waste materials, the employee must report the incident immediately to a supervisor/manager. Medical treatment will be provided at a designated health care facility.

Exposure situations will require evaluation, testing, and proper preventative treatment. All exposure situations will be reported to the Operations Manager.

Company policy requires all injuries and exposures be reported immediately. Failure to comply will result in disciplinary action.

Personal Protective Equipment and Procedures

- Eye protection (safety glasses or safety goggles) is required when contact with body fluids is likely to occur;

- Work Gloves – Hand protection will be provided to employees and will be worn when handling infectious waste containers;
- Personal Hygiene – PPE used for handling waste materials must be kept in the work area or an employee's personal storage area when not in use;
- Safety Boots – All employees working in a safety sensitive function are required to wear safety boots at all times on the facility storage floor;
- All employees are to wash their hands or use hand sanitizer as frequently as possible. Hands must be washed before eating, drinking, smoking or using the restroom; and
- Employees are not allowed to eat/drink in the work area. Smoking, eating, or drinking is prohibited while the employee is handling waste containers.

Hepatitis B Vaccination

Hepatitis B (HBV) vaccinations are available at no cost to all NEIE MWS staff who are assigned to areas where potential for occupational exposure to the viral pathogen is present. Supervisors shall notify staff of the availability of HBV vaccinations and shall make all necessary arrangements with NEIE MWS Employee Health for providing vaccination services.

Employees who decline the HBV vaccination shall sign the OSHA-required "Hepatitis B Declination Form" (attachment A-11). Employees who initially decline the HBV vaccination, but decide at a later date to receive the vaccination, shall be provided with the vaccination upon request and at no charge.

If a routine booster dose of HBV vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be provided to the employee at no charge. Additional information regarding HBV vaccine and related employee requirements or concerns is available within the NEIE MWS Exposure Control Plan.

Employee Training Register

Document No. Year <u>2024</u>		Employee ID <u>3</u> Employee Name <u>Patricia Sumner</u> Department <u>NEIE Medical Waste Services LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	9/28/24	<ol style="list-style-type: none"> 1. The Bloodborne Pathogens Standard 2. Epidemiology and Symptoms of bloodborne diseases 3. Transmission of bloodborne pathogens 4. Recognizing potential exposure risks 5. Methods to reduce or prevent exposure 6. Personal protective equipment* 7. Employer's Exposure Control Plan 8. Hepatitis B vaccine 9. Emergencies involving blood or body fluids 10. Post Exposure Evaluation and Follow Up 11. Recordkeeping 	Yearly
29 CFR 1910.1030	9/28/24	Bloodborne Pathogens for Schools Online Course	Yearly
29 CFR 1910.1030	9/28/24	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1030 (c)	9/28/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	9/28/24	Personal Protective Equipment Online Course	Every 2 Years
49 CFR 172.704 (a)	9/28/24	DoT: Regulated Medical Waste Online Course Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	Every 3 Years
29 CFR 1910.1200	9/28/24	Hazcom / GHS Online Course	Every 2 Years
	9/28/24	Fire Safety Online Course	Yearly

	9/28/24	Electrical Safety Online Course	Yearly
Florida Biomedical Waste 64E-16	8/26/24	Biomedical Waste Training in Compliance with 64E-16, Florida Administrative Code	Yearly
18 VAC 155-20 Certificate 4605003424 Initial 6/18/15	6/30/23 6/18/15 (Initial)	Waste Management Facility Operator License – Class I Basic Operations Education (Initial Certification 2015) 8 Hour Training and Renewal Every Two Years	Expires 6/30/25
49 CFR 391.41-391.49	6/8/23	US DOT Medical Certification	Every 2 Years
49 CFR 392.7, 392.9, 396.9, 396.11, and 396.13	2/16/21	Vehicle Inspections: Straight Truck Series	
29 CFR 1910 Subpart D and Subpart I Certificate 22822094	8/24/17	Walking -Working Surfaces (Supervisors/Managers)	
29 CFR 1910.1200	3/11//2016 10/29/2015	Hazard Communication Exhibit 1 – Company Specific Haz Com	When Processes Change
	12/2/2015	Drug and Alcohol Prevention Program	Once
	12/2/2015	Safety Disciplinary Policy	Once
29 CFR 1910.1030 (f)	Declination 10/2/2015	Hepatitis B Vaccination Program	Once
Hazardous Materials Regulations, Subpart H	8/6/14	<ol style="list-style-type: none"> 1. DOT Job Specific & Function Power Presentation 2. Performance Demonstration of Packaging, Marking, and Labeling 3. Safety Training 4. Hazmat Transportation Security Awareness Training Presentation 5. DOT General Awareness / Familiarization Training Presentation 	

Employee Training Register

Type of Training	Date of Training	Subject of Training	Training Frequency
Florida Biomedical Waste 64E-16	11/13/24	Florida Biomedical Waste 64E-16 Online Course	Yearly
	11/13/24	South Carolina Infectious Waste Management Plan	When Processes Change
49 CFR 172.704 (a)	11/13/24	DoT: Regulated Medical Waste Online Course Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	Every 3 Years
Hazardous Materials Regulations, Subpart H	11/13/24	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030 (c)	11/6/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	11/6/24	Personal Protective Equipment Online Course	Every 2 Years
45 CFR Parts 160 & 164	11/6/24	HIPAA, HITECH, & Omnibus Online Course	
29 CFR 1910.1030	11/6/24	Hand Hygiene For Healthcare Online Course	Yearly
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	2/12/24	1. The Bloodborne Pathogens Standard 2. Epidemiology and Symptoms of bloodborne diseases 3. Transmission of bloodborne pathogens 4. Recognizing potential exposure risks 5. Methods to reduce or prevent exposure 6. Personal protective equipment* 7. Employer's Exposure Control Plan 8. Hepatitis B vaccine 9. Emergencies involving blood or body fluids 10. Post Exposure Evaluation and Follow Up 11. Recordkeeping	Yearly
29 CFR 1910.1030	2/12/24	Bloodborne Pathogens for Schools Online Course	Yearly
49 CFR 391.41-391.49	9/1/23	US DOT Medical Certification	Expires 9/1/25

Employee Training Register

Document No. Year <u>2024</u>		Employee ID <u>418</u> Employee Name <u>Evan Doty</u> Department <u>NEIE Medical Waste Services, LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	8/5/24	<ol style="list-style-type: none"> 1. The Bloodborne Pathogens Standard 2. Epidemiology and Symptoms of bloodborne diseases 3. Transmission of bloodborne pathogens 4. Recognizing potential exposure risks 5. Methods to reduce or prevent exposure 6. Personal protective equipment* 7. Employer's Exposure Control Plan 8. Hepatitis B vaccine 9. Emergencies involving blood or body fluids 10. Post Exposure Evaluation and Follow Up 11. Recordkeeping 	Yearly
29 CFR 1910.1030	8/5/24	Bloodborne Pathogens for Schools Online Course	Yearly
49 CFR 172.704 (a)	8/5/24	DoT: Regulated Medical Waste Online Course Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	Every 3 Years
29 CFR 1910.1030	8/5/24	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030	8/5/24	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1200	8/5/24	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030 (c)	8/2/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly

Employee Training Register

Document No. Year <u>2024</u>		Employee ID <u>417</u> Employee Name <u>Jamal Ferguson</u> Department <u>NEIE Medical Waste Services, LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
29 CFR 1910.1030	7/22/24	Bloodborne Pathogens for Schools Online Course	Yearly
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	7/18/24	<ol style="list-style-type: none"> 1. The Bloodborne Pathogens Standard 2. Epidemiology and Symptoms of bloodborne diseases 3. Transmission of bloodborne pathogens 4. Recognizing potential exposure risks 5. Methods to reduce or prevent exposure 6. Personal protective equipment* 7. Employer's Exposure Control Plan 8. Hepatitis B vaccine 9. Emergencies involving blood or body fluids 10. Post Exposure Evaluation and Follow Up 11. Recordkeeping 	Yearly
49 CFR 172.704 (a)	7/18/24	DoT: Regulated Medical Waste Online Course Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	Every 3 Years
29 CFR 1910.1030 (c)	7/18/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	7/18/24	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1200	7/17/24	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030	7/17/24	Personal Protective Equipment Online Course	Every 2 Years

Employee Training Register

Document No. Year <u>2024</u>		Employee ID <u>14</u> Employee Name <u>Dean Hohman</u> Department <u>NEIE Medical Waste Services, LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
29 CFR 1910.1200 18 VAC 155-20	9/30/24	Hazcom / GHS Online Course	Every 2 Years
18 VAC 155-20		Waste Management Facility Operator License – Class I Basic Operations Education No. 4605003939 (Initial Certification 2/3/22)	Expires 2/28/26 Every 2 Years
18 VAC 155-20		Waste Management Facility Operator License – Class III Basic Operations Education No. 4605003939 (Initial Certification 5/9/23)	Expires 2/28/26 Every 2 Years
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	8/27/24	<ol style="list-style-type: none"> 1. The Bloodborne Pathogens Standard 2. Epidemiology and Symptoms of bloodborne diseases 3. Transmission of bloodborne pathogens 4. Recognizing potential exposure risks 5. Methods to reduce or prevent exposure 6. Personal protective equipment* 7. Employer's Exposure Control Plan 8. Hepatitis B vaccine 9. Emergencies involving blood or body fluids 10. Post Exposure Evaluation and Follow Up 11. Recordkeeping 	Yearly
29 CFR 1910.1030	8/26/24	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1030	8/26/24	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030 (c)	8/26/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	8/26/24	Bloodborne Pathogens for Schools Online Course	Yearly

	8/26/24	Fire Safety	Yearly
49 CFR 172.704 (a)	9/22/23	DoT: Regulated Medical Waste Online Course Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	Every 3 Years
49 CFR 391.41-391.49	9/18/23	US DOT Medical Certification	Every 2 Years
	12/2/15	Safety Disciplinary Policy	Once
	12/2/15	Drug and Alcohol Prevention Program	Once
29 CFR 1910.1030 (f)	10/2/15	Hepatitis B Vaccination Program (Declination 10/2/15)	Once
New Employee Orientation	10/2/15	Detailed information regarding the use of PPE for reducing exposure risk; Hands-on training detailing PPE types, applications, and proper use and care; Explanation of NEIE's exposure control plan and a written copy of the plan; Identification of Regulated Medical Waste; Proper Container Use, Marking, Labeling, and On-site Transportation; Personal Health and Safety; Fire Safety; Discussion of methods for identifying tasks which involve the potential for exposure to blood products and other infectious materials; and Detailed information regarding the use and limitations of engineering controls for reducing exposure risks	
DOT Hazardous Materials Regulations, Subpart H	08/06/14	Hazmat Transportation Security Awareness Training Presentation General Awareness and Familiarization Video General Awareness / Familiarization Training Presentation Job Specific & Function Power Presentation Performance Demonstration of Packaging, Marking, and Labeling Safety Training	

Employee Training Register

Document No. Year <u>2024</u>		Employee ID <u>358</u> Employee Name <u>Clifford Mowels</u> Department <u>NEIE Medical Waste Services, LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
29 CFR 1910.178	9/26/24	Forklift Operator Safety Training for Lift Classes 1-7 (#45097616)	
	9/12/24	Supervisor Reasonable Suspicion Training	
49 CFR 382.603	9/11/24	60 Minute Drug and 60 Minute Alcohol Training	
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	8/27/24	1. The Bloodborne Pathogens Standard 2. Epidemiology and Symptoms of bloodborne diseases 3. Transmission of bloodborne pathogens 4. Recognizing potential exposure risks 5. Methods to reduce or prevent exposure 6. Personal protective equipment* 7. Employer's Exposure Control Plan 8. Hepatitis B vaccine 9. Emergencies involving blood or body fluids 10. Post Exposure Evaluation and Follow Up 11. Recordkeeping	Yearly
29 CFR 1910.1030	8/27/24	Bloodborne Pathogens for Schools Online Course	Yearly
49 CFR 172.704 (a)	8/27/24	DoT: Regulated Medical Waste Online Course Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	Every 3 Years
29 CFR 1910.1030	8/27/24	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030	8/27/24	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1200	8/27/24	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030 (c)	8/27/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
	8/27/24	Fire Safety Online Course	Yearly

USDOT Number: _____ Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.

United States Department of Transportation
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to

NEIE MEDICAL WASTE SERVICES, LLC

_____ of QUINTON VA
(Motor Carrier name) (Motor Carrier state or province)

One Tower Square 2CR
Hartford CT
Dated at _____ on this 21 day of 05, 2024

Amending Policy Number: BA-6W278627-24-43-G Effective Date: 05-23-24

Name of Insurance Company:

THE CHARTER OAK FIRE INSURANCE COMPANY



Countersigned by: _____
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one) :

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: _____.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

MotorVehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

BodilyInjury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

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SCHEDULE OF LIMITS – PUBLIC LIABILITY
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <u>49 CFR 171.8</u> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <u>49 CFR 173.403</u> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

Davis, DaQuan (DNREC)

From: Christina Hohman <chohman@neie.com>
Sent: Friday, November 22, 2024 11:17 AM
To: Davis, DaQuan (DNREC); WHStransporters
Cc: gmarlett@neiemws.com; 'Jeremy Feldbusch'; 'Brian Feldbusch'; 'Tricia Sumner'; 'Dean Hohman'; shearn@neiemws.com
Subject: Delaware Solid Waste Transporter Permit Application
Attachments: 2025 - DE NEIE MWS SW Transportation Application - signed - 11724.pdf

Good morning,

NEIE Medical Waste Services submitted the Solid Waste Transporter Permit Application and just received an email requesting the additional information below:

- **Section 9(c):** Please clarify if you engage in for-hire transportation, meaning you transport passengers, regulated property, or household goods owned by others for compensation. If you do transport any of these, provide your motor carrier number (MC #).

NEIE Medical Waste Services, LLC only transports Infectious (Medical) Waste.

- **Section 12:** Your application did not include a written driver training program. Please refer to Section 12 of the application and provide the necessary documentation for driver training.

The training program is included in the application in Attachment 5 (pages 47-49 of the attached pdf). If you are looking at the hardcopy application, it will be the section right before the employee training registers.

Please contact us if you need additional information. Have a wonderful day and a great weekend!

Thanks,
Christina Hohman

NEIE Medical Waste Services, LLC
804-932-8412

From: Christina Hohman [mailto:chohman@neie.com]
Sent: Friday, November 15, 2024 3:58 PM
To: daquan.davis@delaware.gov
Cc: gmarlett@neiemws.com; 'Jeremy Feldbusch' <jfeldbusch@neiemws.com>; 'Brian Feldbusch' <bfeldbusch@neiemws.com>; 'Tricia Sumner' <psumner@neiemws.com>; 'Dean Hohman' <dhohman@neiemws.com>; shearn@neiemws.com
Subject: Delaware Solid Waste Transporter Permit Application

Good afternoon,

I hope you are doing well. Please see the attached Delaware Transportation Renewal Application for NEIE Medical Waste Services, LLC. NEIE Medical Waste Services, LLC only transports Infectious (Medical) Waste.

I apologize but the check payment of \$350.00 was sent today separate from the application. The application will be mailed on Monday.

Please contact us if you need additional information. Have a wonderful afternoon and a great weekend!

Thanks,
Christina Hohman

NEIE Medical Waste Services, LLC
804-932-8412