

RECEIPT

DATE

12/15/25

No.

635817

RECEIVED FROM

NEIE Medical Waste Services

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT

☒ FOR

DE-SW-1772

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH

☒ CHECK

☐ MONEY
ORDER

☐ CREDIT
CARD

FROM

25904

TO

BY

M.M.



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

RECEIVED
DEC 15 2025
DNREC - WHS

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, 2026

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: 866-313-7878

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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
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 12/01/25
Print Name Jeremy W. Feldbusch Title Managing Member

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

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]

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
- (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 7). Clifford Mowels 9). Lorie Flechsig
 - 2). Matthew Weaver 4). Jamal Ferguson 6). James Rawlings 8). James Coleson
- (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.



9 West Market Street
Blairsville, PA 15717
724-675-8491 (phone)
724-675-8493 (fax)

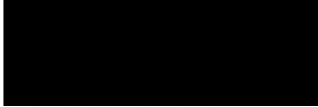
Attachment 1

Corporate Officers

Owner: Jeremy Feldbusch

Title: Managing Member

Mailing Address:

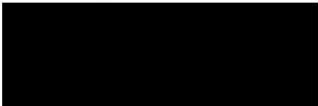


Ownership Percentage: 51%

Owner: Patricia Sumner

Title: Member

Mailing Address:



Ownership Percentage: 30%

Owner: Dean Hohman

Title: Member

Mailing Address:



Ownership Percentage: 19%



9 West Market Street
Blairsville, PA 15717
724-675-8491 (phone)
724-675-8493 (fax)

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	2022-WPT-0676	7610 Energy Pkwy, Curtis Bay, MD 21226
BALTIMORE CITY	439	Baltimore Regional MWI	WMI	2022-WMI-0036	3200 Hawkins Point Road, Baltimore, MD 21226 (a.k.a Curtis Bay Energy)
BALTIMORE CITY	63950	Daniels Sharpsmart PF&TS	WPT	2024-WPT-0633	6611 Chandlery Street, Baltimore, MD 21224 Accepts Only Special Medical Waste
BALTIMORE CITY	8713	Stericycle Medical Waste PF&TS	WPT	2024-WPT-0677	5901 Chemical Road, Baltimore, MD 21226



9 West Market Street
Blairsville, PA 15717
724-675-8491 (phone)
724-675-8493 (fax)

ATTACHMENT 3 - LIST OF PERMITS AND LICENSES

Type	Permit No.	State	Address	Issued	Expires
Medical Waste Transporter	ADH13578130	AR	Arkansas Department of Health, 4815 W Markham, Slot 32, Little Rock, AR 72205-3867	11/8/22	11/18/26
Medical Waste Transporter/Hauler	6753	CA	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	CA	Department of Toxic Substances Control, 1001 "I" Street, P.O. Box 806, Sacramento, CA 95812-0806	5/24/19	6/30/26
Biomedical Waste Transporter	CT-BMW-077	CA	CT Energy & Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127	3/28/24	6/30/26
Solid Waste Transporter Permit	DE-SW-1772	DE	State of DE, DNEC, Division of Waste and Hazardous Substances, Solid & Hazardous Waste Management Section, 89 Kings Hwy, Dover, Delaware 19901	4/1/25	3/31/26
Solid Waste		DC	Office of Waste Diversion, DC Department of Public Works, Frank D. Reeves Municipal Center, 2000 14 th Street, NW, Washington, DC 20009	1/8/25	1/31/26
Special Cat A Permit	DOT-SP 16279			11/22/22	10/31/26
Biomedical Waste Transporter	29-64-257272	FL	Department of Health in Hillsborough County, P O Box 5135, Tampa, FL 33675	10/1/25	9/30/26
Biomedical Waste Storage	29-64-2572707	FL	Department of Health in Hillsborough County, P O Box 5135, Tampa, FL 33675	10/1/25	9/30/26
Liquid Waste Transporters Permit	LW-001187-2025	FL	Miami-Dade County, Regulatory & Economic Resources, Environmental Resources Management, 701 NW 1 st Court, 7 th Floor, Miami, FL 33136-3912	7/1/25	12/31/25
Waste Transporter License	WT-25-0087	FL	Broward County, Public Works & Environmental Services Dept., Environmental Permitting Division, 1 N. University Dr., Mailbox 201, Plantation, FL 33324	6/30/25	6/30/27
General Hauler Permit	10071191	FL	Miami-Dade County Solid Waste Management, 2525 NW 62 nd St., Ste. 1200, Miami, FL 33147	7/22/25	7/31/26
Permit by Rule Operation	PBR-160-106COL-BIO	GA	GA Department of Natural Resources, Environmental Protection Division, Land Protection Branch, 4244 International Parkway, Suite 104, Atlanta, GA 30354	3/25/24	3/24/29
Hazardous Waste Permit	HAP128647225	ID	Idaho Transportation Department, Division of Motor Vehicles, P.O. Box 34, Boise, ID 83731-0034	1/1/26	12/31/26
PIMW Hauling Permit	M9088-4	IL	Illinois Environmental Protection Agency	1/6/25	3/31/26
Special Waste Hauling	5583-1 PIMW 25B		1021 North Grand Avenue East, PO Box 19276, Springfield, IL 62794-9276	4/30/25	6/30/28
Solid Waste Transporter	T-129-14303	LA	State of Louisiana, DEQ, Environmental Services, P.O. Box 4313, Baton Rouge, LA 70821-4313	5/4/20	
Biomedical Waste Transporter	B516	ME	State of Maine, DEP, Division Of Materials Mgmt., 17 State House Station, Augusta, ME 04333-0017	4/21/25	4/21/26
Special Med Waste Hauler	SMH 138	MD	Department of the Environment, 1800 Washington Blvd., Ste. 650, Baltimore, MD 21230-1719	5/1/25	4/30/26
Garbage, Offal, or Other Offensive Substances	#21-06	MA	Board of Health , Town of Shrewsbury Board of Health, 100 Maple Avenue, Shrewsbury, MA 01545	10/27/25	12/31/26
Garbage, Offal, or Other Offensive Substances	WS-000028-24	MA	City of Quincy Health Dept., 440 East Squantum St., Quincy, MA 02171	7/29/24	12/31/25
Rubbish-Septic Hauler		MA	Board of Health , City of Framingham Public Health Dept., 150 Concord St., Room 25, Framingham, MA 01702	12/13/24	12/31/25
Commercial Hauler	0278	MA	City of Boston Public Works Dept., 1 City Hall Square, Room 714, Boston, MA 02201-2024	6/11/25	6/11/27
Hazardous Waste Transporter	21G14001000	MO	MO Dept. of Transportation Motor Carrier Services, 830 MoDOT Dr., PO Box 270, Jefferson City, MO 65102-0270	8/26/25	8/25/26
Infectious Waste (SW) Transporter	N/A	NH	NH Dept. of Environmental Services Waste Management Division Solid Waste Management Bureau, 29 Hazen Dr., P.O. Box 95, Concord, NH 03302-0095	1/26/22	N/A
Part 364 Waste Transporter Permit	PA-665	NY	NY State DEC, Division of Materials Management, Waste Transporter Program, 625 Broadway, 9 th Floor, Albany, NY 12233-7251	6/13/25	6/12/26
Solid Waste Transporter	WH-2429	ND	ND DEQ, Division of Waste Management, 918 East Divide Avenue, Bismarck, ND 58501-1947	6/13/21	6/30/26
Regulated Medical and Chemotherapeutic	PA-HC0279	PA	PA DEP, Compliance and Monitoring Section, Division of Hazardous Waste Management, 400 Market St., Harrisburg, PA 17101	2/7/25	4/30/27
Rhode Island Medical Waste Transporter	RI- 966	RI	Dept. of Environmental Management, Ofc. of Waste Management, 235 Promenade Street, Room 380, Providence, RI 02908	9/14/18	8/30/26
Infectious Waste Transporter	IWT000009	SC	South Carolina Department of Health and Environmental Control Bureau of Land and Waste Management, 2600 Bull Street, Columbia, SC 29201	4/4/25	4/8/26
Medical Waste Transporter	MSW 50214 RN110493665	TX	Commission of Environmental Quality, P.O. Box 13087 Austin, TX 78711-3087 CN605569789	9/14/18	9/30/26
Solid Waste Transporter		VT	Waste Management & Prevention Division, One National Life Drive, Davis 1, Montpelier, VT	4/22/19	6/30/28
Transporter Permit	IMW-99-H0069	WV	Bureau for Public Health, Ofc. Of Env. Health Services, Infectious Medical Waste Program, 350 Capitol Street, Room 313, Charleston, WV 25301-3713	1/1/26	12/31/26

Infectious Waste Transporter Contingency Plan

**Infectious Waste
Transporter Contingency
Plan**



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

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

Infectious Waste Transporter Contingency Plan**Infectious Waste Transporter Contingency Plan
Approvals**


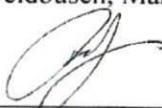
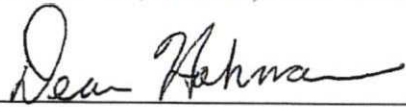
The NEIE Medical Waste Services LLC (NEIE MWS) Infectious Waste Transporter Contingency Plan contains procedures and methods necessary to meet company objectives.

The goal of the Infectious Waste Transporter Contingency Plan is to comply with Federal and State Regulations which require 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. 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 Infectious Waste Transporter Contingency Plan.

Approvals

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

	10/22/25
Jeremy Feldbusch, Managing Member, NEIE MWS	Date
	10/22/25
Patricia Sumner, Member, NEIE MWS	Date
	10/22/25
Dean Hohman, Member, NEIE MWS	Date

Infectious Waste Transporter Contingency Plan

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

Version #	Implemented By	Revision Date	Approved By	Signature	Approval Date	Reason

Infectious Waste Transporter Contingency Plan

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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 states of Delaware, Maryland, and Pennsylvania. Act 93 and Act 97, the Solid Waste Management Act of 1980, 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 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.

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 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.

Infectious Waste Transporter Contingency Plan

NEIE Medical Waste shall comply with each state's comprehensive rules for the management of infectious waste. The rules include requirements for storage, transport, disposal, licensing and processing.

NEIE MWS personnel who handle Regulated Medical Wastes shall comply with the NEIE MWS Infectious Waste Transporter Contingency Plan and shall be familiar with the properties, health risks, and precautions required for handling the respective Regulated Medical Waste. Moreover, the NEIE MWS personnel shall be able to 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.

III. EMERGENCY CONTACT LIST

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 (Designated Company) Coordinators

Lorie Flechsig Primary Coordinator Cell: (866) 313-7878 Office: (866) 313-7878	Patricia Sumner Alternate Coordinator Cell: (866) 313-7878 Office: (866) 313-7878	Dean Hohman Alternate Coordinator Cell: (866) 313-7878 Office: (866) 313-7878
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NEIE MWS Office POC Information

CORPORATE	MID-ATLANTIC REGIONAL	CUSTOMER SERVICE
9 West Market Street Blairsville, PA 15717 Phone: (724) 675-8491 M-F 8:00 AM-5:00 PM	3100 New Kent Highway Quinton, VA 23141 Phone: (866) 313-7878 M-F 8:00 AM-5:00 PM	Lorie Flechsig Rising Sun, MD Phone: (866) 313-7878 (410) 658-1633 M-F 8:00 AM-5:00 PM
Patricia Sumner – Cellul		
Dean Hohman - Cellular		

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

Emergency Response Contractors

1. Clean Harbors Environmental Services, Inc. (For Pennsylvania Response)

Infectious Waste Transporter Contingency Plan

License Number: PA-HC0053
EPA ID Number: MAD039322250
24-Hour Emergency Operations Center: (800) 645-8265
Local PA Office: Canonsburg, PA 15317
Local PA Office Phone: (724) 749-5881 or (800) 645-8265

Clean Harbors Environmental Services, Inc. (For Delaware Response)

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

In the event of an emergency that requires an Emergency Response Contractor, NEIE MWS may 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. Environmental Products & Services of Vermont Inc. (For Pennsylvania Response)

License Number: PA-HC0238

EPA ID Number: NYR000115733

Local Office: Harrisburg, PA 17104

Local Office Phone: (717) 564-4200 or (800) 577-4557

Environmental Products & Services of Vermont, Inc. offers prompt reliable service in the event of hazardous or non-hazardous spills. An EPS Spill Manager will answer the phone regardless of the time or day.

3. Lewis Environmental (For Delaware Response)

EPA ID Number: PAD987378940

101 Carroll Dr, New Castle, DE 19720

Phone: (302) 669-6010

Emergency Line: (800) 258-5585

Infectious Waste Transporter Contingency Plan

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.

4. HEPACO, LLC (For Delaware, Maryland, and/or Pennsylvania Response)

License number: PA-HC0271

EPA ID Number: NCD986194306

Northeast Regional Office, 6901 Kingsessing Avenue, Philadelphia, PA 19142

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 wastewater 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.

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 (aka the Department's Environmental Emergency Notification and Complaint Number): (800) 662-8802 (24 hours a day)**

Infectious Waste Transporter Contingency Plan

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.

- **Delaware Local Police and Fire Departments - 911 or 0 (Operator)**

Additional Emergency Phone Numbers

- **National Response Center** at 1-800-424-8802
- **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

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. 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.

Infectious Waste Transporter Contingency Plan

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 anticipated acute or chronic health risks associated with the release.
- Advice regarding medical attention necessary for exposed individuals.
- 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.

Pennsylvania Emergency (Incident/Spill/Discharge) Reporting

Spills and other emergencies should be reported immediately to:

- **Pennsylvania Department of Environmental Protection** by telephone to the regional office or by calling 800-541-2050 or 717-787-4343 (24 hours a day)
- **Pennsylvania Emergency Management Agency** – If the incident occurs while in PA, call 800-424-7362 (24 hours); If it occurs outside of PA, call 717-651-2001.
- **Pennsylvania Local Police and Fire Departments** - 911 or 0 (Operator)

NEIE MWS drivers will use a land line/mobile phone to make the necessary phone calls. The Department of Environmental Protection maintains 24-hour phone lines in each region which are monitored 24 hours per day, 7 days per week, and 365 days per year. They can dispatch response personnel to emergencies and incidents within their purview. The regional numbers are below:

Infectious Waste Transporter Contingency Plan

Region	Emergency Phone	Counties Supervised
Southeast	484-260-5900	Bucks, Chester, Delaware, Montgomery, Philadelphia
Northeast	570-826-2511	Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Schuylkill, Susquehanna, Wayne, Wyoming
Southcentral	866-825-0208	Adams, Bedford, Berks, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry, York
Northcentral	570-327-3636 24 Hours	Bradford, Cameron, Centre, Clearfield, Clinton, Columbia, Lycoming, Montour, Northumberland, Potter, Snyder, Sullivan, Tioga, Union
Southwest	412-442-4000 24 Hours	Allegheny, Armstrong, Beaver, Cambria, Fayette, Greene, Indiana, Somerset, Washington, Westmoreland
Northwest	814-332-6945 After Hours 800-373-3398	Butler, Clarion, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Venango, Warren

Environmental health concerns should be reported to the Department of Health's Division of Environmental Health Epidemiology by calling 717-787-3350 or by emailing env.health.concern@pa.gov.

Additional Emergency Phone Numbers

- **Pennsylvania Emergency Management Agency**
If calling in PA: 800-424-7362 (24 hours); If calling outside of PA: 717-651-2001
- **Pennsylvania Local Police and Fire Departments** 911 or 0 (Operator)
- **Environmental Health Epidemiology** 717-787-3350
env.health.concern@pa.gov
- **Poison Control Center** 800-222-1222

Additional Contacts if a spill gets into a water source:

PA Department of Agriculture: 717-787-4737

PA Fish and Boat Commission Pollution Hotline: 855-347-4545

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

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 also immediately telephone (using a land line or mobile phone) the Department and the affected municipality, and provide the following information:

Infectious Waste Transporter Contingency Plan

1. The name of the person reporting the spill or discharge (incident).
2. The transporter's name, address, the EPA identification number, the Department-issued RMW and chemotherapeutic waste transporter license and identification number.
3. The telephone number where the person reporting the spill or discharge (incident) can be reached.
4. The date, time and location of the spill or discharge (incident).
5. The mode of transportation and type of transport vehicle.
6. A brief description of the incident.
7. For each waste involved in the spill:
 - a. The name and if applicable, the EPA identification number of the generator of the waste.
 - b. The shipping name and waste code of the waste.
 - c. The estimated quantity of the material or the waste spilled.
 - d. The extent of contamination of land, water, or air.

NEIE MWS shall also file a complete report in writing concerning the incident with the Department's Central Office. NEIE MWS shall maintain accurate spill report records (Attachment A-1) for three years.

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.

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

In the event of a spill or loss of Special Medical Waste (SMW) to the environment, any person engaged in the transportation of SMW shall not knowingly fail to report the incident immediately (within one hour) to the Department by phoning (866) 633-4686 including holidays and weekends. The person and vehicle involved must remain at the scene and remain available until clearance to leave is given by the appropriate officials. A copy of the Hazardous Materials Emergency Response Procedures brochure must be carried in the vehicle transporting SMW.

Infectious Waste Transporter Contingency Plan**Maryland Emergency Numbers****EMERGENCY NUMBERS***To report suspected pollution problems:*

Algae Blooms	800-285-8195	888-584-3110
Hazardous Material & Oil Spills	866-633-4686	866-633-4686
Mining	410-537-3557	866-MDE GOTO
Public Sewer Leaks/Overflows	410-537-3510	866-MDE GOTO
Public Water Supply Problems	410-537-3706	866-MDE GOTO
Radiation Accidents or Safety		
Violations	410-537-3300	866-MDE GOTO
Sediment, Wetland	410-537-3510	866-MDE GOTO
Underground Tank Leaks	410-537-3442	866-MDE GOTO

COUNTY ENVIRONMENTAL HEALTH SERVICES

	DAY TIME	AFTER HOURS
Allegany	301-759-5040	
Anne Arundel	410-222-7050	
Baltimore City	410-396-4422	410-396-3100
Baltimore County	410-887-3733	
Calvert	410-535-3922	
Calvert - (D.C. Area)	301-855-1557	
Caroline	410-479-8045	
Carroll	410-876-1884	
Cecil	410-996-5160	
Charles	301-609-6900	
Dorchester	410-228-1167	
Frederick	301-600-1719	
Garrett	301-334-7760	301-334-1929
Harford	443-643-0300	410-838-6600
Howard (Main Office)	410-313-2640	
Kent	410-778-1350	
Montgomery	240-777-7700	
Prince George's	301-883-5834	301-350-9735
Queen Anne's	410-758-2281	
St. Mary's	301-475-4321	
Somerset	443-523-1730	
Talbot	410-770-6880	
Washington	240-313-3400	
Wicomico	410-546-4446	
Worcester	410-632-1220	

Infectious Waste Transporter Contingency Plan

GENERAL NUMBERS

Information.....	410-537-3000
Toll Free.....	800-633-6101
Environmental Justice Program.....	410-537-3812
Minority Business Enterprise Program.....	410-537-3964
Office of Communications.....	410-537-3003
Public Information Act Requests.....	410-537-4120
Small Business Assistance Program.....	410-537-3964

24-HOUR INFORMATION

Chesapeake Bay Safety & Environmental Hotline.....	877-224-RBAY
Daily Air Quality Report (Recording).....	410-537-3247
Shellfish Waters: Information on Conditional Restrictions (Recording).....	800-541-1210

MDE FIELD OFFICES

Central Maryland	
Baltimore.....	410-537-3000
Annapolis.....	443-482-2700
Western Maryland	
Frostburg.....	301-689-1440
Hagerstown.....	301-665-2850
Eastern Shore	
Cambridge.....	410-901-4020

AIR AND RADIATION MANAGEMENT ADMINISTRATION

Director.....	410-537-3255
Air Quality Compliance.....	410-537-4225
Air Monitoring and Information.....	410-537-3280
Air Quality Permit.....	410-537-3230
Air Quality Planning.....	410-537-3240
Asbestos.....	410-537-3200
Mobile Sources.....	410-537-3270
Radiological Health.....	410-537-3300

SCIENCE SERVICES ADMINISTRATION

Director.....	410-537-3691
Community Right to Know Information.....	410-537-3800
TMDL.....	410-537-3902
Public Bathing Beaches.....	410-537-3906
Environmental Assessment & Standards Program.....	410-537-3906
Shellfish Waters.....	410-537-3906
Water Quality Monitoring.....	443-482-2700

LAND MANAGEMENT ADMINISTRATION

Director.....	410-537-3304
Animal Feeding Operations (CAFOs and MAFOs).....	410-537-3375
Hazardous and Medical Waste Information.....	410-537-3340
Lead Poisoning Prevention.....	1-800-776-2706
Oil Control.....	410-537-3442
Recycling.....	410-537-3314
Scrap Tires.....	410-537-3315
Solid Waste and Sewage Sludge Complaints.....	410-537-3314
Solid Waste and Sewage Sludge Permits.....	410-537-3375
Brownfields/Voluntary Cleanups.....	410-537-3437
Mining Operations Permitting (Coal).....	301-689-1440

WATER MANAGEMENT ADMINISTRATION

Director.....	410-537-3567
Financial Assistance Programs.....	410-537-3574
Individual Wells.....	410-537-3784
Inspection and Compliance.....	410-537-3510
(Nights/Weekends).....	866-MDE GOTO
Regulatory Services.....	1-800-876-0200
Sediment, Stormwater & Dam Safety Program.....	410-537-3543
Water Supply Program.....	410-537-3702
Sewage Disposal Systems.....	410-537-3778
Wastewater Permit Program.....	410-537-3599
Wetland Permitting (Tidal).....	410-537-3837
(Non-Tidal).....	410-537-3768

IV. SPILLS – CLEANING & DECONTAMINATION (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 in the 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 with a hypochlorite cleaning solution (Bleach) or an EPA-approved disinfectant.

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.

Infectious Waste Transporter Contingency Plan

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;
- Repackage soiled waste in accordance with the packaging requirements of the Department;
- Clean and disinfect any areas that may have encountered 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

Infectious Waste Transporter Contingency Plan

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.

Safety and Emergency Spill Control Equipment (Including Spill Kit)

NEIE MWS maintains Emergency and Safety Equipment on its transport vehicles. 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 aims to ensure better working environments for all NEIE MWS employees.

All equipment shall be tested and maintained as necessary to ensure its proper operation in time of an emergency. After an emergency, all equipment shall be decontaminated, cleaned, and fit for its intended use before normal operations resume.

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

- 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 overpack 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

Infectious Waste Transporter Contingency Plan

- For vehicles only: a first aid kit, fire extinguisher, bloodborne pathogen kit, boundary marking tape, lights or reflectors, shovel, 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 it 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 and Personnel Exposure or Contamination

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:

Infectious Waste Transporter Contingency Plan

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

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)

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

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:

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- If an 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 may be one of the following:
 - Stericycle, Inc. – PA-HC0196
1525 Chestnut Hill Road, 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

V. 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; and
3. Know the names and last known locations of anyone who does not rally.

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 you are comfortable with the situation and adept to using a fire extinguisher.

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

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.
 - 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 lock down all exterior doors via manual locks. Exterior doors that require manual locking should be tied shut with a belt or any other means available 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.

Infectious Waste Transporter Contingency Plan

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

VI. 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.

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, 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 to ensure the truck is safe to drive. Drivers inspect many aspects of their commercial vehicle including, but not limited to:

Infectious Waste Transporter Contingency Plan

- Overall safety of the vehicle.
- Turn on all lights to verify that headlights, taillights, brake lights, and turn signals are operational and have clean lenses.
- Check for proper inflation of tires using a gauge, adequate tread depth, and any signs of damage like cuts, bulges, or abrasions on the inside and outside sidewalls.
- All major vehicle hoses. The driver should 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.

It is the driver's responsibility to notify their manager if the transport vehicle needs any repairs. A Pre-Trip Inspection Form 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.

Post-Trip Inspection Information

Each NEIE MWS driver must prepare a driver's vehicle inspection report 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.

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: Name: _____ Phone Number: _____ Cell Number: _____ Fax Number: _____	Company Name & Mailing Address: Company Name: _____ Street: _____ City: _____ State: _____ Postal Code: _____
Affiliation: Employee: _____ Contractor: _____ Transporter: _____ Other: ____ (Explain Below): _____	Company Where Spill Occurred: Same as Above: _____ or _____ Company Name: _____ Street: _____ City: _____ State: _____ Postal Code: _____
Name of Person Completing Spill Report Form: Name: _____ Phone Number: _____ Cell Number: _____ Fax Number: _____	Attach separate sheet which includes but is not limited to: <ol style="list-style-type: none"> 1. Cause of spill. 2. Detailed description of spill location including maps and photos. 3. Immediate remedial action taken. 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: UN Number: _____ Shipping Name: _____	Volume (L) / Quantity (kg): _____

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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)*

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.

I | 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

Part I

- 3

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].

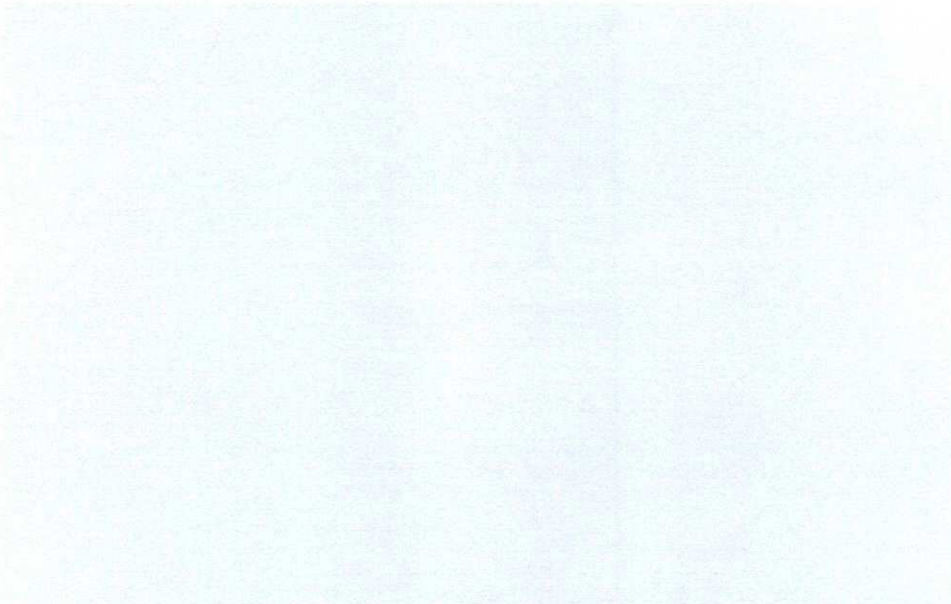
Infectious Waste Transporter Contingency Plan

State of Delaware 6028 Incident Report

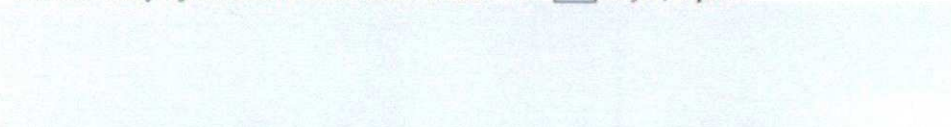
Part I

10. **CHRONOLOGY OF EVENTS**

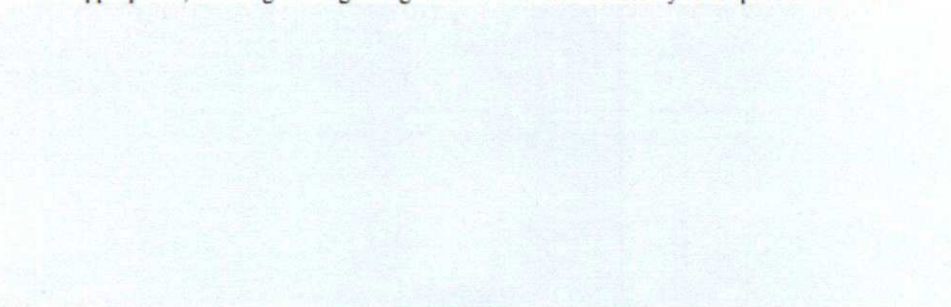
Describe the Incident and Actions taken to respond to and contain the discharge, including precautions taken, evacuation (both on-site and off-site), and sheltering-in-place:



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:



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 _____

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 2025	Employee ID <u>3</u> Department <u>NEIE Medical Waste Services LLC</u>	Employee Name <u>Patricia Sumner</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	12/2/25	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	12/2/25	Bloodborne Pathogens for Schools Online Course	Yearly
29 CFR 1910.1200	12/2/25	Hazcom / GHS Online Course	Every 2 Years
	12/2/25	Fire Safety Online Course	
29 CFR 1910.1030	7/11/25	Hand Hygiene for Healthcare Online Course	Yearly
29 CFR 1910.1030 (c)	7/11/25	Sharps Safety Online Course	Yearly
		Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	
29 CFR 1910.1030	7/11/25	Personal Protective Equipment Online Course	Every 2 Years
49 CFR 172.704 (a)	7/11/25	DoT: Regulated Medical Waste Online Course	Every 3 Years
		Introduction to DOT regulations, RMW classification/identification, packaging, marking and labeling RMW, shipping papers and RMW manifests, training requirements, and safety overview.	
	9/28/24	Electrical Safety Online Course	
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 9/23/27

Employee Training Register

Employee Name: <u>Matthew Weaver</u> Department <u>NEIE Medical Waste Services LLC</u>			
Document No. Year 2025			
Type of Training	Date of Training	Subject of Training	Training Frequency
49 CFR 172.704 (a)	11/2/25	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	11/2/25	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030 (c)	11/2/25	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	11/2/25	Personal Protective Equipment Online Course	Every 2 Years
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	11/2/25	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	11/2/25	Hand Hygiene for Healthcare Online Course	Yearly
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 5/2/26

Employee Training Register

Document No. Year 2025		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)	8/7/25	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	8/6/25	Bloodborne Pathogens for Schools Online Course	Yearly
29 CFR 1910.1030	8/5/25	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030	8/5/25	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1200	8/5/25	Hazcom / GHS Online Course	Every 2 Years
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 (c)	8/2/24	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 6/9/27

Employee Training Register

Document No. Year 2025		Employee ID 417 Employee Name Jamal Ferguson Department NEIE Medical Waste Services, LLC	
Type of Training	Date of Training	Subject of Training	Training Frequency
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	7/22/25	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 1910.1200	7/22/25	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030	7/22/25	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030	7/22/25	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1030	7/21/25	Bloodborne Pathogens for Schools Online Course	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	
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 6/3/26



Employee Training Register

Document No. Year 2025		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
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
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
29 CFR 1910.1200	7/11/25	Hazcom / GHS Online Course	Every 2 Years
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	7/11/25	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	7/11/25	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1030	7/11/25	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030 (c)	7/11/25	Sharps Safety Online Course - Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	7/11/25	Bloodborne Pathogens for Schools Online Course	Yearly
	7/11/25	Fire Safety	Yearly
49 CFR 172.704 (a)	7/11/25	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		US DOT Medical Certification	Expires 3/18/26

Employee Training Register

	Document No. Year <u>2025</u>	Employee ID <u>430</u> Employee Name <u>James Rawlings</u> Department <u>NEIE Medical Waste Services LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
Hazardous Materials Regulations, Subpart H	9/8/25	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030	9/8/25	Hand Hygiene for Healthcare Online Course	Yearly
49 CFR 172.704 (a)	9/7/25	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
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	9/6/25	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
	9/6/25	Workplace Violence Prevention Online Course	
29 CFR 1910.1030	9/4/25	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030 (c)	9/3/25	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 12.26.25

Employee Training Register

Document No. Year 2025		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
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	7/21/25	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	7/21/25	Bloodborne Pathogens for Schools Online Course	Yearly
49 CFR 172.704 (a)	7/21/25	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	7/21/25	Personal Protective Equipment Online Course	Every 2 Years
29 CFR 1910.1030	7/21/25	Hand Hygiene For Healthcare Online Course	Yearly
29 CFR 1910.1200	7/21/25	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030 (c)	7/21/25	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
	7/21/25	Fire Safety Online Course	
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 9/26/27
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	

Employee Training Register

<div> <div>Document No.</div> <div>Employee ID <u>336</u> Employee Name <u>James Coleson</u></div> <div>Year <u>2025</u></div> <div>Department <u>NEIE Medical Waste Services LLC</u></div> </div>			
Type of Training	Date of Training	Subject of Training	Training Frequency
Hazardous Materials Regulations, Subpart H 49 CFR 172.704 (a)	5/4/25	Hazcom / GHS Online Course	Every 2 Years
29 CFR 1910.1030 Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	5/4/25	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	5/4/25	Hand Hygiene for Healthcare Online Course	Yearly
29 CFR 1910.1030	5/4/25	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	5/4/25	Bloodborne Pathogens for Schools Online Course	Yearly
29 CFR 1910.1030	5/4/25	Personal Protective Equipment Online Course	Every 2 Years
	5/4/25	Fire Safety Online Course	Yearly
Florida 64E-16	5/4/25	Florida Biomedical Waste 64E-16 Online Course	Yearly
29 CFR 1910.1030 (c)	4/30/25	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
49 CFR 391.41-391.49		US DOT Medical Certification	Expires 7.16.27

Employee Training Register

	Document No. Year 2025	Employee ID <u>200</u> Employee Name <u>Lorie Flechsig</u> Department <u>NEIE Medical Waste Services LLC</u>	
Type of Training	Date of Training	Subject of Training	Training Frequency
29 CFR 1910.1030 (c)	11/6/25	Sharps Safety Online Course Nature of Sharps Injuries, Bloodborne Pathogen Risk Exposure, Prevention devices, and Safe work practices	Yearly
29 CFR 1910.1030	11/6/25	Hand Hygiene for Healthcare Online Course	Yearly
Hazardous Materials Regulations, Subpart H	11/6/25	Hazcom / GHS Online Course	Every 2 Years
Bloodborne Pathogens For Healthcare Training (29 CFR 1910.1030)	2/24/25	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	4/19/24	Personal Protective Equipment Online Course	Every 2 Years
49 CFR 172.704 (a)	4/19/23	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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 222 Central Park Avenue, Suite 1340 Virginia Beach VA 23462	CONTACT NAME: Meghan Wetzel PHONE (A/C, No, Ext): 757-456-0577 E-MAIL ADDRESS: Meghan.Wetzel@MarshMMA.com FAX (A/C, No): 757-456-5296
INSURED NEIE Medical Waste Services, LLC 3100 New Kent Highway Quinton VA 23141	INSURER(S) AFFORDING COVERAGE INSURER A : Charter Oak Fire Insurance Company INSURER B : Axis Surplus Insurance Company INSURER C : Travelers Casualty and Surety Company INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 1279608069 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution Liab. <input checked="" type="checkbox"/> Prof. Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: \$5M Max Proj Agg		SP006476022025	5/23/2025	5/23/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 General Liab Ded. \$ 5,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90		BA6W2786272543G	5/23/2025	5/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Florida PIP \$ \$10,000
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ n/a		SX006477022025	5/23/2025	5/23/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N N N/A		UB3T5888172543G	5/23/2025	5/23/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Auto Policy includes MCS-90

CERTIFICATE HOLDER**CANCELLATION**

State of Delaware
Department of Natural Resources and Environmental
Control, Solid and Hazard Branch
89 Kings Highway
Dover DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

For FMCSA Use 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, Financial Responsibility Filings 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)

(USDOT Number)
One Tower Square 2CR
Dated at Hartford CT on this 09 day of 05, 2025

Amending Policy Number: BA-6W278627-25-43-G Effective Date: 05-23-25

Name of Insurance Company:

THE CHARTER OAK FIRE INSURANCE COMPANY

Wendy C. Shy
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://www.fmcsa.dot.gov/registration>.

(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.

Motor Vehicle 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.

Bodily Injury 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.

(continued on next page)

SCHEDULE OF LIMITS – PUBLIC LIABILITY

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.

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.

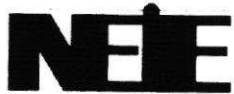
NEIE MEDICAL WASTE SERVICES, LLC

Pay To: Delaware Dept of Natural Resources

12/10/2025

25904

6141	2025renewal	12/03/2025	350.00	350.00	350.00
					350.00

**NEIE MEDICAL WASTE SERVICES, LLC**3100 NEW KENT HIGHWAY
QUINTON, VA 23141
PH: (804) 932-8412CITIZENS AND FARMERS BANK
QUINTON, VIRGINIA

68-490/514

25904

PAY
TO THE
ORDER OF

****350 DOLLARS and 00 CENTS****

Delaware Dept of Natural Resources
89 Kings Hwy
Dover, DE 19901 USA

DATE	CONTROL NO.	AMOUNT
12/10/2025	25904	\$350.00



⑈025904⑈ ⑆051404901⑆ 0048004537⑈

NEIE MEDICAL WASTE SERVICES, LLC

25904

Pay To: Delaware Dept of Natural Resources

12/10/2025

6141	2025renewal	12/03/2025	350.00	350.00	350.00
					350.00