

# RECEIPT

DATE 3/13/26No. 635889RECEIVED FROM Choice Med Waste LLC\$ 1550.00One thousand five hundred fifty and <sup>00</sup>/<sub>100</sub> DOLLARS FOR RENT  
 FOR DE-SW-1542

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH  
 CHECK  
 MONEY ORDER  
 CREDIT CARD

FROM 4328 TO \_\_\_\_\_BY M.M.



RECEIVED  
MAR 13 2026  
DNREC - WHS

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

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

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

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference: English

**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- 1542 Expiration Date 6/30/2026

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 Choice MedWaste LLC

Location Address:	Mailing Address:
10 Mill Park Court Newark, DE 19713	PO Box 1443 Hockessin, DE 19707

Contact: Matt Georgov Title: Founder & CEO

Business Phone: 302-766-7575 Fax: 302-766-7574

E-mail: Matt.Georgov@ChoiceMedWaste.com

24 hr Emergency Contact Phone: 1-800-535-5053 Acct#115346

**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: DE
- 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 A

(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 B
- 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

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

**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) C \_\_\_\_\_

**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.
- (b). List solid waste transporter permits held in other states.
- Attachment D \_\_\_\_\_
  - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 2592695 MC# 1516421
- 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:

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

### 11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment E

### 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 F

**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

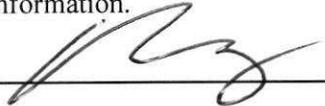
**15. Environmental Record**

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 3/6/26  
Print Name Matt Georgov Title Founder & CEO

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



USDOT Number: 2592695 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. his requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Registration 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.



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 Choice MedWaste, LLC of PO Box 1443 Hockessin, DE 19707  
(Motor Carrier name) (Motor Carrier state or province)

Dated at 1250 Camp Hill ByPass, Suite 104, Camp Hill, PA 17011 on this 21 day of April, 2025

Amending Policy Number: BAP2034610-14 Effective Date: 04/16/2025

Name of Insurance Company: Key Risk Insurance Company

Countersigned by:   
(authorized company representative)

- The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):
 This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident.
 This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 717-214-7620.

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

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

(continued on next page)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/05/2026

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 Hatfield Group LLC 311 Sumneytown Pike Suite 1F North Wales PA 19454-	CONTACT NAME: Ruth Ann Smith
	PHONE (A/C, No, Ext): (215)699-6671 FAX (A/C, No): (215)699-5509
	E-MAIL ADDRESS: rsmith@hatfield-group.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURED Choice MedWaste, LLC PO Box 1443 Hockessin DE 19707-	INSURER A: Nautilus Insurance Co NAIC # 17370
	INSURER B: Key Risk Insurance Co 10885
	INSURER C: New Jersey Mfgs Insurance Co. 12122
	INSURER D: Great Amer Spirit Ins Co 33723
	INSURER E:
	INSURER F:

**COVERAGES**

CERTIFICATE NUMBER:

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary/Non-contrib.  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	ECP2034616-14	04/16/2025	04/16/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Fa occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CA 99 48 <input checked="" type="checkbox"/> MCS-90	X	X	BAP2034610-14	04/16/2025	04/16/2026	COMBINED SINGLE LIMIT (Fa accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	FFX2040138-12	04/16/2025	04/16/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	W40510-0-25	07/01/2025	07/01/2026	<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
A	Contr Poll / Prof Liab		X	ECP2034616-14	04/16/2025	04/16/2026	Occur / Agg Limit \$1,000,000
D	Empl Prac Liab		X	EPLF139663	04/16/2025	04/16/2026	Liab Limit \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance.

**CERTIFICATE HOLDER****CANCELLATION**

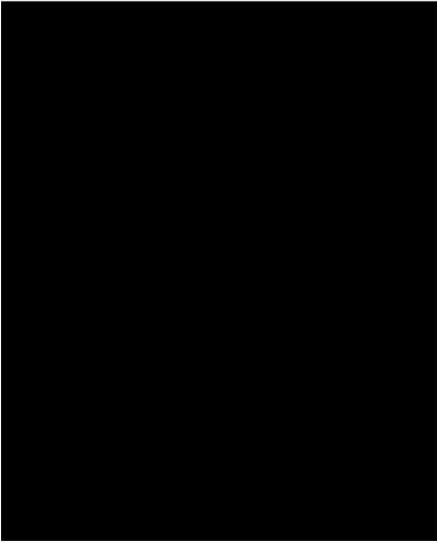
AI 103798

Evidence of Insurance	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 

Fax: ( ) -

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CMW Drivers List



Attachment A

Owners:

1) Matt Georgov, Founder & CEO, [REDACTED]  
50%

2) Bruce Georgov, Founder & President, [REDACTED]  
[REDACTED] 50%

Attachment B – Delaware Locations

- 1) 10 Mill Park Court, Newark, DE 19713

### Attachment C – Disposal Facilities

- 1) Biomedical Waste Services, 7610 Energy Parkway Curtis Bay, MD 21226
- 2) Daniels Sharpsmart, 6611 Chandlery Street Baltimore, MD 21224
- 3) Daniels Sharpsmart, 925 Conroy Place Easton, PA 18040
- 4) Curtis Bay Energy, 3200 Hawkins Point Road Baltimore, MD 21226

Attachment D – Copies of Other Permits

State of Maryland

DEPARTMENT OF THE ENVIRONMENT

August 1, 2025

EFFECTIVE DATE

July 31, 2026

EXPIRATION DATE

SMH 140

SMW HAULER NUMBER

SPECIAL MEDICAL WASTE  
(SMW) HAULER CERTIFICATE

The Maryland Department of the Environment has issued this certification to

Choice MedWaste LLC

to transport SMW in Maryland

This certificate is issued pursuant to the provisions of §7-252 of the Environment Article, Annotated Code of Maryland.



Maryland  
Department of  
the Environment

Stephanie Cobb-Williams, Deputy Director,  
Land and Materials Administration



**Maryland**  
Department of  
the Environment

Land and Materials Administration • Solid Waste Program  
1800 Washington Boulevard, Baltimore MD 21230  
410-537-3315 • 1-800-633-6101 • www.mde.maryland.gov • mde.haulers@maryland.gov  
**Special Medical Waste (SMW) Hauler Vehicle Listing**

**Company Name: Choice MedWaste LLC**

**SMH#: 140**

**Expiration Date: July 31, 2026**

	Effective Date	Unit/Fleet No.	Make	Model (Type of vehicle)	Year	Vin. No.	State & Tag No.
1	8/1/2025	203	Ford	Transit Cutaway	2017	1FDBF8PM3HKB09014	DE C80717
2	8/1/2025	204	Isuzu	Box Van	2020	JALE5W165L7305050	DE C41290
3	8/1/2025	205	Isuzu NPR	Box Van	2016	54DC4WIB7GS809252	DE C129877
4	8/1/2025	206	Isuzu NRR	Box Van	2023	JALE5W169P7302349	DE C18773
5	8/1/2025	207	Ford Transit	Van	2017	1FTYR2XM8HKA03449	DE CL70690
6	8/1/2025	208	Isuzu NRR	Box Van	2023	JALE5W168P7307591	DE CL68309
7	8/1/2025	209	Isuzu NRR	Box Van	2022	JALE5W16XN7300803	DE CL85619
8	8/1/2025	210	Isuzu NRR	Box Van	2024	JALE5W167R7303888	DE CL69966
9	8/1/2025	211	Isuzu FTR	Box Van	2018	54DK6S167JSG01268	DE CL90044
10	8/1/2025	212	Isuzu NRR	Box Van	2024	JALE5W167SP04332	DE CL35589

Certified By Jennifer Hopper, Section Head:

*Paul B. Salter JH*

SMH 140

Page 1 of 1



New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
 PO BOX 1443,  
 HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
 Decal Number: SWL-27-000471  
 Vin ID#: 1FDBF8PM3HKB09014 DE  
 License Plate #: C80717  
 Vehicle Type: Single Unit Vehicle  
 Vehicle leased?: N  
 If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP #: 0039452

**This card must be carried in the cab of the vehicle at all times.**  
 This registration card & decal are valid for use only by the listed registrant.  
 Leased equipment can only be used to transport waste by the listed registrant.



New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
 PO BOX 1443,  
 HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
 Decal Number: SWL-27-000472  
 Vin ID#: 1FTYR2XM8HKA03449 DE  
 License Plate #: CL70690  
 Vehicle Type: Single Unit Vehicle  
 Vehicle leased?: N  
 If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP #: 0039452

**This card must be carried in the cab of the vehicle at all times.**  
 This registration card & decal are valid for use only by the listed registrant.  
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New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
 PO BOX 1443,  
 HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
 Decal Number: SWL-27-000473  
 Vin ID#: 54DC4W1B7GS809252 DE  
 License Plate #: C129877  
 Vehicle Type: Single Unit Vehicle  
 Vehicle leased?: N  
 If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP #: 0039452

**This card must be carried in the cab of the vehicle at all times.**  
 This registration card & decal are valid for use only by the listed registrant.  
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New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
**PO BOX 1443,**  
**HOCKESSIN, DE 19707**

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: **06/30/2027**  
 Decal Number: **SWL-27-000474**  
 Vin ID#: **54DK6S167JSG01268** DE  
 License Plate #: **CL90044**  
 Vehicle Type: **Single Unit Vehicle**  
 Vehicle leased?: **N**  
 If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP #: **0039452**

**This card must be carried in the cab of the vehicle at all times.**  
 This registration card & decal are valid for use only by the listed registrant.  
 Leased equipment can only be used to transport waste by the listed registrant.



New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
**PO BOX 1443,**  
**HOCKESSIN, DE 19707**

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: **06/30/2027**  
 Decal Number: **SWL-27-000475**  
 Vin ID#: **JALE5W165L7305050** DE  
 License Plate #: **C41290**  
 Vehicle Type: **Single Unit Vehicle**  
 Vehicle leased?: **N**  
 If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP #: **0039452**

**This card must be carried in the cab of the vehicle at all times.**  
 This registration card & decal are valid for use only by the listed registrant.  
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New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
**PO BOX 1443,**  
**HOCKESSIN, DE 19707**

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: **06/30/2027**  
 Decal Number: **SWL-27-000476**  
 Vin ID#: **JALE5W167R7303888** DE  
 License Plate #: **CL69966**  
 Vehicle Type: **Single Unit Vehicle**  
 Vehicle leased?: **N**  
 If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP #: **0039452**

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Compliance and Enforcement  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, P.O. Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
PO BOX 1443,  
HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
Decal Number: SWL-27-000477  
Vin ID#: JALE5W167S7P04332 DE  
License Plate #: CL35589  
Vehicle Type: Single Unit Vehicle  
Vehicle leased?: N  
If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
NJDEP #: 0039452

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New Jersey Department of Environmental Protection  
Compliance and Enforcement  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, P.O. Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
PO BOX 1443,  
HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
Decal Number: SWL-27-000478  
Vin ID#: JALE5W168P7307591 DE  
License Plate #: CL68309  
Vehicle Type: Single Unit Vehicle  
Vehicle leased?: N  
If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
NJDEP #: 0039452

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New Jersey Department of Environmental Protection  
Compliance and Enforcement  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, P.O. Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
PO BOX 1443,  
HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 06/30/2027  
Decal Number: SWL-27-000479  
Vin ID#: JALE5W169P7302349 DE  
License Plate #: C18773  
Vehicle Type: Single Unit Vehicle  
Vehicle leased?: N  
If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
NJDEP #: 0039452

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New Jersey Department of Environmental Protection  
 Compliance and Enforcement  
 Vehicle Registration Unit  
 9 Ewing Street, Mail Code 09-01, P.O. Box 420  
 Trenton, NJ 08625-0420  
 (609) 292-7081 LRU@dep.nj.gov

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: 03/30/2027  
 Decal Number: SWL-27-000480  
 Vin ID: JALE5W16XN7300803 DE  
 License Plate #: CL85619  
 Vehicle Type: Single Unit Vehicle  
 Is it leased?: N  
 If leased, lessor's name:

**LICENSED SOLID WASTE**  
 NJDEP Registered Transporter:

**CHOICE MEDWASTE LLC**  
 PO BOX 1443,  
 HOCKESSIN, DE 19707

Registered Transporter:  
**CHOICE MEDWASTE LLC**  
 NJDEP ID: 0039452

**This card must be carried in the cab of the vehicle at all times.**  
 This registration and decal are valid for use only by the listed registrant.  
 Leased equipment may only be used to transport waste by the listed registrant.

STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000471**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000472**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000473**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000474**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000475**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000476**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000477**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000478**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**000479**

**EXPIRES JUNE 30, 2027**



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTATION

~~A-90 LICENSED~~

~~000480~~

EXPIRES JUNE 30, 2027



STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
SOLID WASTE TRANSPORTER

**A-901 LICENSED**

**025600**

**EXPIRES JUNE 30, 2027**



New Jersey Department of Environmental Protection  
Vehicle Registration Unit  
9 Ewing Street, Mail Code 09-01, PO Box 420  
Trenton, NJ 08625-0420  
(609) 292-7081 LRU@dep.nj.gov

**LICENSED SOLID WASTE**  
*NJDEP Registered Transporter:*

**CHOICE MEDWASTE LLC**  
PO BOX 1443,  
HOCKESSIN, DE 19707

**NJDEP Transporter Vehicle Registration Card**

Expiration Date: **06/30/2027**  
Decal Number: **SWL-27-025600**  
Vin ID#: **JALE5W16XN7300803** DE  
License Plate #: **CL85619**  
Vehicle Type: **Single Unit Vehicle**  
Vehicle leased?: **N**  
If Yes, lessor's name:

NJDEP Registered Transporter:  
**CHOICE MEDWASTE LLC**  
NJDEP #: **0039452**

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Leased equipment can only be used to transport waste by the listed registrant.

Attachment E – Spill Control Plan - DE

# Transporter Spill Control Plan For Infectious Waste

**Choice MedWaste, LLC**



**State of Delaware  
Department of Natural Resources & Environmental Control  
Division of Air & Waste Management  
89 Kings Highway  
Dover, Delaware 19901**

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PA-HC0266

AUTHORIZATION NO.

06/30/2027

EXPIRATION DATE

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02/07/2025

NAME & ADDRESS OF LICENSEE CHOICE MEDWASTE, LLC  PO BOX 1443  HOCKESSIN DE 19707-5443	
BUSINESS PHONE NO. 302-766-7575	24-HOUR PHONE NO. [REDACTED]



THIS LICENSE AUTHORIZES THE LICENSEE TO TRANSPORT REGULATED MEDICAL AND CHEMOTHERAPEUTIC WASTES WHICH ARE NOT "HAZARDOUS WASTES" UNDER PENNSYLVANIA REGULATIONS.

SEE REVERSE FOR ADDITIONAL CONDITIONS

PA-HC0266

AUTHORIZATION NO.

06/30/2027

EXPIRATION DATE

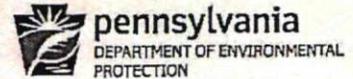
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SEE REVERSE FOR ADDITIONAL CONDITIONS -

PA-HC0266

AUTHORIZATION NO.

06/30/2027

EXPIRATION DATE

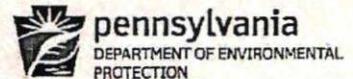
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02/07/2025

NAME & ADDRESS OF LICENSEE CHOICE MEDWASTE, LLC  PO BOX 1443  HOCKESSIN DE 19707-5443	
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SEE REVERSE FOR ADDITIONAL CONDITIONS -

## **INTRODUCTION**

Choice MedWaste, LLC is dedicated to the safety of our employees and the environment. Our Spill Control Plan provides the spill control and safety equipment which will be carried on our transport vehicles, the measures our drivers will take in the event of a spill of infectious waste, immediate corrective actions, our internal communications, our external communications and clean-up and decontamination measures.

## **IMPLEMENTATION OF THE SPILL CONTROL PLAN**

The provisions of the Spill Control Plan shall be implemented whenever a spill of infectious waste arises which could potentially endanger public health and the safety of the environment.

## **REVISIONS TO THE SPILL CONTROL PLAN**

The Spill Control Plan will be periodically reviewed and updated when necessary. At a minimum this will occur when:

1. Applicable regulations are revised;
2. The plan fails in the event of a spill;
3. The mode of operation changes in a manner that materially increases the potential for releases of infectious waste, or changes the response necessary in the event of a spill;
4. The list of spill coordinators changes;
5. The list of spill equipment changes; or

## **PURPOSE OF THE SPILL CONTROL PLAN**

The purpose of a Spill Control Plan is two-fold. First, it is a document that is carried in the transport vehicle to provide information and direction to the driver during a spill. Second, it is accepted by the Delaware Department of Natural Resources & Environmental Control as the transporter's written assurance that certain activities will be conducted in an acceptable manner.

## **LIST OF SAFETY AND SPILL CONTROL EQUIPMENT**

1. Shovel/Scooping mechanism;
2. Broom and dust pan/scooper;
3. Heavy-duty latex exam gloves or disposable Nitrile gloves;
4. Two pairs of heavy rubber gloves;
5. Safety glasses;
6. Rubber boots or other protective foot covering;
7. One gallon with sprayer of EPA registered disinfectant;
8. One container of anti-bacterial skin cleanser (alcohol-based hand sanitizer product usually carried in the cab);
9. Flashlight and batteries;
10. Absorbent HazMat socks (3 of 3" diameter x 3' L);
11. Absorbent HazMat pads (15 of 15"W x 20"L Heavy Duty);
12. One roll of caution tape;
13. Scissors;
14. Tongs or forceps to pick up broken or sharp items;
15. First aid kit;
16. Markers, labels, and pens;
17. Tyvek suits (x 2);
18. 10 pounds of absorbent (kitty-litter or equivalent);
19. Respiratory mask;
20. One warning triangle kit(usually carried in the cab);

***One ABC-rated fire extinguisher (carried in the truck cab);***

## **DRIVER PREVENTATIVE MEASURES**

1. Driver will conduct a complete pre and post trip inspection of the vehicle daily. These items are on the daily route sheets to ensure completion.
2. Driver will check the spill kit to assure the spill kit is fully stocked and on the vehicle.
3. Driver will check each container before loading to make sure it is properly packaged and there is no sign of leakage on the container.
4. The driver will load and maintain the containers in an upright position in a box truck and will secure the containers with a load bar or other device to maintain their integrity.
5. The driver will check all the containers on the truck at each stop to assure no containers are leaking.

## **DRIVER IMMEDIATE CORRECTIVE MEASURES**

### 1. Infectious Waste Spill:

#### A. Personnel (Drivers)

- (1) If a person has direct contact with untreated Infectious Waste, first remove any contaminated clothing and clean the contaminated area thoroughly.
- (2) Prior to conducting the following clean-up procedures, utilize the following personal protective equipment (PPE):
  - a) Tyvek suit (for liquid spills only);
  - b) Tyvek booties (for liquid spills only);
  - c) Impermeable gloves in conjunction with disposable surgical gloves; and
  - d) Safety glasses.

#### B. Surfaces Coming in Contact with the Spill:

- (1) The driver that becomes aware of the spill must:
  - a) Contain the spill using absorbent material and/or absorbent equipment from the Spill Kit:
  - b) Cordon off the spill area using safety triangles and caution tape from the Spill Kit: and
  - c) Inform the appropriate Supervisor, via telephone or other communication device, as soon as possible.
- (2) The driver(s) cleaning up the spill must wear PPE as specified above.
- (3) Place an appropriate red plastic bag, meeting ASTM D 1709-91, inside a fiberboard box at the Packing Group II level.

- (4) Initially, shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
- (5) Spray the contaminated area with an EPA registered disinfectant.
- (6) Spread absorbent on the contaminated area and wait at least 5 minutes.
- (7) Shovel the absorbent and any other contaminated items into the container; continue until no visible contamination remains.
- (8) Once again spray the area previously covered by the spill with the EPA registered disinfectant.
- (9) Spray any tools that may have come into contact with the infectious waste during this clean-up.
- (10) Remove and place all disposable PPE in the fiberboard box or reusable plastic container used during this clean-up. Seal the contents and mark the box or container as "Spill Cleanup."
- (11) Ensure that the inner packaging (bag) and the outer packaging (container) are closed according to the applicable packaging specifications. Mark the container "Spill Cleanup."
- (12) Segregate the "Spill Cleanup" container from any other loaded waste, to avoid mixing the contents with manifested waste contents.
- (13) Load all containers onto the transportation vehicle and ensure it is properly secured.
- (14) Generate a Tracking Document for any additions or subtractions to total quantity of waste caused by the spill response activity (i.e., Infectious Waste from one container cleaned up and placed into two new containers).
- (15) The Supervisor will need to complete and file the incident-reporting requirements where required.

## **COMPANY INTERNAL COMMUNICATIONS**

1. In the event of a spill, the driver will contact:
  - a. Matt Georgov at 302-420-1770 or Bruce Georgov – 302-766-7575 or 302-420-4289

## **COMPANY EXTERNAL COMMUNICATIONS**

In the event of an emergency of an infectious waste spill during transportation, the transporter will immediately notify the appropriate state agency with the following information:

1. Name of the person reporting the incident.
2. Name, address, EPA identification number, and the license number of the transporter.
3. Phone number where the person reporting the incident can be reached.
4. Date, time, and location of the incident.
5. Mode of transportation and type of transport vehicle.
6. A brief description of the incident, including the type of incident.
7. For each waste involved in the spill:
  - a. The name and if applicable, an EPA identification number of the generator of the waste.
  - b. Shipping name and waste code of waste.
  - c. Estimated quantity of the material or the waste spilled.
  - d. The extent of the contamination of land, water or air.

In the event of an emergency involving an infectious waste spill during transportation, the transporter will immediately notify the affected municipality of the occurrence and nature of the spill.

## LIST OF EMERGENCY RESPONSE AGENCIES

### DELAWARE

#### *Delaware - DNREC*

302-739-9401 or 1-800-662-8802

#### *Delaware Local Police and Fire Departments*

911 or O (Operator)

### MARYLAND

#### *Maryland – Department of the Environment*

410-537-3000 or 866-633-4686

#### *Maryland Local Police and Fire Departments*

911 or O (Operator)

### PENNSYLVANIA

#### *Pennsylvania Department of Environmental Protection*

717-787-4343 (24 hours a day)

#### *Pennsylvania Emergency Management Agency*

IN PA 800-424-7362 (24 hours a day)

OUTSIDE PA – 717-651-2001

#### *Pennsylvania Local Police and Fire Departments*

911 or O (Operator)

### NEW JERSEY

#### *New Jersey Department of the Environment*

1-877-927-6337

#### *New Jersey Local Police and Fire Departments*

911

## Attachment F – Driver Training

- a) DOT Training, Monthly Safety Meetings, Forklift Training, Annual Training in Bloodborne Pathogen, Infectious Disease and PPE. Management team performs road tests with the drivers before hiring as well as during employment should management notice specific areas our team can improve upon
- b) We perform annual MVR checks for all drivers along with documented DOT folders for each driver
- c) How drivers are instructed in the following:
  - a. Our drivers are constantly visiting new clients and current clients for recurring services. The team handles DOT approved packaged containers for all infectious waste, non hazardous pharmaceuticals, trace chemotherapy or pathological waste streams. Matt informs the team of any updated regulations across all states that the team operates in. If there are new safety features, containers, recommendations or best practices, Matt will train the team on these new procedures to ensure we are compliant in all local, federal and state regulations.
  - b. Matt reviews how to handle spills with our spill kit supplies on every truck during the monthly safety meetings or as needed. The team is trained to inspect containers before picking them up from our clients and will repackage with proper PPE to ensure all waste on our trucks is adhering to DOT requirements. This includes ensuring there is no leaking containers.
  - c. Matt reviews unacceptable waste streams with the team during monthly safety meetings and on an as needed basis. In the event someone on the team is unsure of what material to pick up, they will call management to confirm. When in doubt, we will leave the material at the generator's facility and come back another day if we are permitted to take the materials.
  - d. See attached detailed training to ensure we comply with all regulations and our team is safe when operating with the waste streams and vehicles.



## DELAWARE DNREC

### DRIVER TRAINING PROGRAM

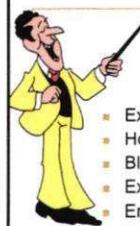
- (a) Special training is listed in Part (c) as well as training schedules.
- (b) Driver records
1. Driver records will be checked for moving violations at a minimum annually. This is currently done by our DOT Consultant, Wyatt Hammond at Trans Products and Trans Services
  2. Counseling and retraining will take place at the following points:
    - i. 4 points – counseling and company retraining.
    - ii. 8 points – driver improvement course
    - iii. 12 points – suspension of driving privileges for company vehicles.
- (c) The driver training program will contain the following components:
1. Bloodborne pathogens exposure control in accordance with OSHA Standard 29 CFR 1910.1030, Bloodborne Pathogens;
  2. DOT regulations pertaining to regulated medical waste Title 49, subpart H, 172.700 – 172.704;
  3. Conditions of transporters permits for Delaware, Maryland, New Jersey and Pennsylvania;
  4. Emergency procedures and proper use of emergency equipment;
  5. Infectious diseases;
  6. Proper handling of infectious waste;
    - a. Knowledge of waste being transported and safety and health hazards associated with transportation of infectious waste.
  7. Proper packaging and labeling requirements for infectious waste;
  8. Proper wearing and purpose of personal protective equipment;
  9. Waste acceptance (identification of materials allowed and materials not allowed);
  10. Spill prevention and spill clean-up procedures.

Training will be conducted on the job as well as in an office setting. Testing will be provided to assure competence on each subject. Training will be provided initially, reviewed annually, retraining when any areas of training change, and total retraining a minimum of annually or as needed. Signed written documentation of the training will be retained in the employee personnel file at the main office.

# Bloodborne Pathogens Training

For:  
**Choice MedWaste, LLC**

1



## Agenda

- Explanation of Bloodborne Pathogens Standard
- How does work related exposure occur?
- Bloodborne diseases and transmission
- Exposure control plan
- Engineering and work practice controls
- PPE
- Hepatitis B vaccine
- Response to emergencies
- Signs and labels
- Questions and answers

2

## Bloodborne Pathogens Standard

- Became law in December 1991.
- Purpose is to limit occupational exposure to bloodborne pathogens such as HIV and hepatitis B and C.
- Prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials (OPIM) and reduce their risk from exposure.
- Covers all employees who could be "reasonably anticipated" to face contact with blood or OPIM in the performance of their job duties.
- Mandates the use of universal precautions which is treating all body fluids as infectious.
- Body fluids include semen, vaginal secretions, and body fluid visibly contaminated with blood.

3

## How Does Work Related Exposure Occur?

- Most common: needle sticks
- Cuts from other contaminated sharps (scalpels, broken glass, etc.)
- Contact with mucous membranes (for example, the eye, nose, mouth) or broken (cut or abraded) skin with contaminated blood.



4

## Bloodborne Diseases and Transmission

- Hepatitis
  - Is an inflammation of the liver cause by the hepatitis virus.
  - There is currently Hepatitis A, B, C, D, and E.
  - The three most common types of hepatitis in the US - A,B and C.
  - Are caused by 3 different viruses.
  - They cause similar symptoms but have different modes of transmission.
  - Each can affect the liver differently.

5

## Bloodborne Diseases and Transmission

- Hepatitis A (HAV)
  - A contagious liver disease that can range in severity from a mild illness lasting a few weeks to a severe illness lasting several months.
  - How is Hepatitis A spread
    - Virus is taken in by mouth from contact with objects, food, or drinks contaminated by feces.
    - Person to person contact
      - Infected person does not wash hands after going to bathroom and touches objects or food.
      - Sexual activities such as oral-anal contact with an infected person.
    - Contaminated food or water
      - Eating or drinking food or water contaminated with the virus.

6

## Bloodborne Diseases and Transmission

- Hepatitis A (HAV)
  - How common is HAV in the United States?
    - Estimated 25,000 in infections in 2007.
    - Rates are decreasing and are at the lowest they have been in 40 years.
  - Who is at risk?
    - Travel to countries where HAV is common.
    - Men who have sexual contact with other men.
    - Use illegal drugs.
    - Live with someone with HAV.
    - Have oral-anal sexual contact with someone who has HAV.
  - HAV is extremely hearty and can live outside the body for months. Freezing does not kill the virus.

7

## Bloodborne Diseases and Transmission

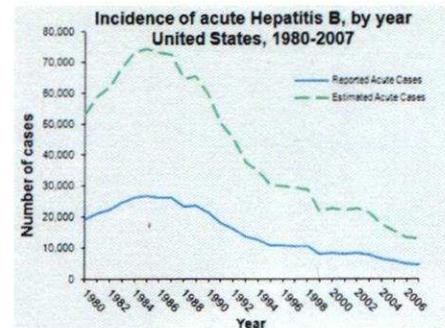
- Hepatitis A (HAV)
  - Signs and symptoms – some people don't have any symptoms.
    - Fever
    - Fatigue
    - Loss of appetite
    - Nausea
    - Vomiting
    - Abdominal pain
    - Dark Urine
    - Clay-colored bowel movements
    - Joint pain
    - Jaundice (a yellowing of the skin or eyes)

8

## Bloodborne Diseases and Transmission

- Hepatitis B (HBV) – is 100 times more infectious than the AIDS virus.
  - How common is HBV in the United States?
    - 12 Million Americans have been infected.
    - More than one million are chronically infected.
    - Up to 40,000 new people become infected each year.
    - 5,000 people each year will die from HBV and its complications.
  - How is HBV spread.
    - Sex with an infected partner
    - Injection drug use.
    - Transmission from mother to child during birth.
    - Contact with blood or open sores of an infected person.
    - Needle sticks or sharp instrument exposures
    - Sharing razors or toothbrushes with an infected person.

9



10

## Bloodborne Diseases and Transmission

- Hepatitis B (HBV)
  - How long does HBV survive outside the body.
    - Can survive at least 7 days.
  - Who is at risk.
    - Infants born to infected mothers.
    - Sex partners of infected persons.
    - Men who have sex with men.
    - Injection drug users.
    - Household contacts of a person with chronic HBV.
  - Vaccine is available.

11

## Bloodborne Diseases and Transmission

- Hepatitis C (HCV)
  - How common is HCV in the United States?
    - It is estimated that 17,000 persons are newly infected each year.
    - An estimated 3.2 million people in the US have chronic HCV infection.
  - How is HCV spread.
    - Sex with an infected partner – not common but possible.
    - Injection drug use.
    - Transmission from mother to child during birth.
    - Needle sticks or sharp instrument exposures
    - Sharing razors or toothbrushes with an infected person. – not common but possible.

12

## Bloodborne Diseases and Transmission

- Hepatitis C (HCV)
  - Who is at risk.
    - Injection drug users.
    - Infants born to infected mothers.
    - Household contacts of a person with chronic HCV.
  - Vaccine is **NOT** available.

13

## Bloodborne Diseases and Transmission

- Hepatitis C (HCV)
  - Signs and symptoms
    - Fever
    - Fatigue
    - Loss of appetite
    - Abdominal pain
    - Dark Urine
    - Clay-colored bowel movements
    - Joint pain
    - Jaundice (a yellowing of the skin or eyes)

14

## Bloodborne Diseases and Transmission

- Hepatitis D (HDV) – only people infected with the HBV virus can be infected with HDV.
  - Signs and symptoms
    - Jaundice
    - Fatigue
    - Abdominal pain
    - Loss of appetite
    - Nausea, vomiting
    - Joint pain
    - Dark urine
  - Long Term Effects
    - HDV can be acquired as
      - A co-infection (occurs simultaneously) with HBV or;
      - As a superinfection in persons with existing chronic HBV infection.

15

## Bloodborne Diseases and Transmission

- Hepatitis D (HDV)
  - Long Term Effects
    - HBV-HDV co-infection:
      - May have more severe acute disease and a higher risk (2% - 20%) of developing acute liver failure compared with those infected with HBV alone.
    - HBV-HDV superinfection
      - Chronic HBV carriers who acquire HDV superinfection usually develop chronic HDV infection.
      - Progression to cirrhosis is believed to be more common with HBV/HDV chronic infections.

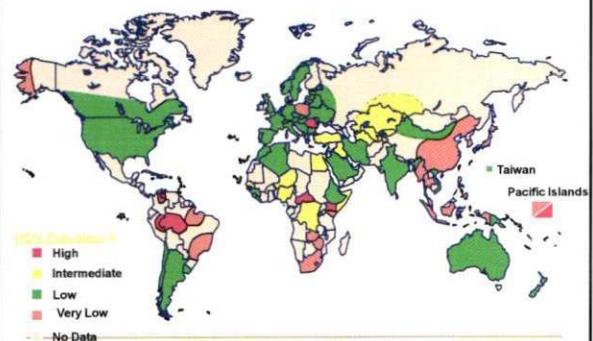
16

## Bloodborne Diseases and Transmission

- Hepatitis D (HDV)
  - Transmission
    - Blood or body fluids from an infected person enters the body of a person who is not immune.
    - HBV is spread through having sex with an infected person without using a condom.
    - Sharing needles and personal care items.
    - From an infected mother to her baby during birth.
  - Prevention
    - HBV vaccine.
    - Safe sex.
    - Do not share needles or personal care items.

17

## Geographic Distribution of HDV Infection



18

## Bloodborne Diseases and Transmission

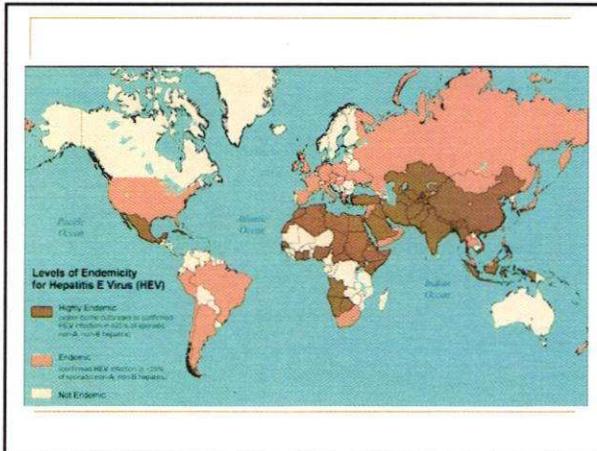
- Hepatitis E (HEV)
  - Signs and symptoms
    - Jaundice
    - Fatigue
    - Abdominal pain
    - Loss of appetite
    - Nausea, vomiting
    - Dark urine
  - Long Term Effects
    - There is no chronic (Long-term) infection,
    - HEV is more severe among pregnant women.

19

## Bloodborne Diseases and Transmission

- Hepatitis E (HEV)
  - Transmission
    - HEV is found in the stool of people and animals with HEV.
    - HEV is spread by eating or drinking contaminated food or water.
    - Transmission from person to person occurs less than with HAV.
    - Most outbreaks are in developing countries and have been associated with contaminated drinking water.
  - Prevention
    - Always wash your hands after using the bathroom and before eating or preparing food.
    - Avoid drinking water and beverages with ice of unknown purity, uncooked shellfish, and uncooked fruits or vegetables that are not peeled or prepared by the traveler.

20



21

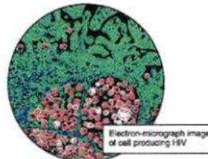
## Bloodborne Diseases and Transmission

- HIV/AIDS
  - Human immunodeficiency virus/acquired immunodeficiency syndrome.
  - First reported in the US in 1981.
  - HIV progressively destroys the body's ability to fight infections and certain cancers.
  - More than 1.1 million people in the US are living with HIV infection and almost 1 in 6 are unaware of their infection.
  - Gay, bisexual and other men who have sex with men (MSM), particularly young black/African American MSM, are most seriously affected by HIV.
  - There are approximately 50,000 new HIV infections each year.
  - Approximately 636,000 people in the US have died of AIDs.
  - 85,000 persons infected through heterosexual sex have died.
  - 8% of new HIV infections are by IV drug users.

22

## Bloodborne Diseases and Transmission

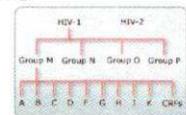
- HIV/AIDS
  - Does not survive long outside of the body.
  - Transmission
    - Blood to blood.
    - Sexual contact including oral sex without a condom.
    - Sharing needles and personal care items.



23

## Bloodborne Diseases and Transmission

- HIV/AIDS
  - HIV is a highly variable virus which mutates very readily. – This means there are many different strains of HIV, even within the body of a single infected person.
  - Types, groups and subtypes – HIV-1 and HIV-2
    - HIV-1
      - 4 groups – M, O, N, P
      - M
        - A, B, C, D, F, G, H, J and K.
    - HIV-2
  - There are currently 14 identified genetically distinct types of HIV.



24

## Bloodborne Diseases and Transmission

- HIV/ AIDS
  - Transmission
    - No evidence that HIV is spread through sweat, tears, urine or feces.
    - HIV is not spread by biting insects.
  - Early symptoms of HIV
    - Fever
    - Headache
    - Tiredness
    - Enlarged lymph nodes.
  - Later symptoms of HIV
    - Lack of energy
    - Weight loss
    - Frequent fevers and sweats
    - Short term memory loss

25

## Bloodborne Diseases and Transmission

- HIV/ AIDS
  - Symptoms of AIDS – opportunistic infections
    - Coughing and shortness of breath.
    - Seizures and lack of coordination.
    - Difficult or painful swallowing.
    - Confusion and forgetfulness.
    - Severe and persistent diarrhea.
    - Fever
    - Vision loss
    - Nausea, abdominal cramps and vomiting.
    - Weight loss and extreme fatigue.
    - Severe headaches.
    - Coma.

26

## Exposure Control Plan

- Identifies tasks, procedures and job classifications where occupational exposure to blood or OPIM may occur.
- Describes how employer will:
  - Use engineering and work practice controls
  - Ensure use of personal protective equipment
  - Provide training
  - Provide medical surveillance
  - Provide hepatitis B vaccinations
  - Use signs and labels
- Must be a written plan that is reviewed annually.
- Must be accessible to employees.

27

## Engineering Controls

- Primary methods used to control the transmission of HBV and HIV.
  - Hand washing facilities and hand sanitizer.
  - Healthcare facilities using safer medical devices. (Needleless systems and sharps with engineered sharps injury protections)
  - Appropriate medical waste containers.
  - Use of hand truck to minimize handling of the containers.
- When occupational exposure remains after engineering and work practice controls are put into place, PPE must be used.

28

## Work Practice Controls

- These controls reduce likelihood of exposure.
  - Workers loading, unloading, or handling RMW will wear heavy impervious gloves.
  - Clean uniforms will be worn whenever RMW containers are handled.
  - Hands and other skin surfaces will be washed thoroughly and mucous membranes will be flushed immediately if contaminated with blood or OPIM.
  - Hands will be washed after removal of gloves, PPE or when leaving work area.
  - All procedures involving spilled blood or OPIM will be performed to minimize splashing, splattering or aerosolization.

29

## Work Practice Controls

- These controls reduce likelihood of exposure.
  - Eating, drinking, applying cosmetics or lip balm, smoking or handling contact lens are prohibited in any work area.
  - Contaminated reusable PPE shall be cleaned and disinfected as soon as feasible after use.
  - Contaminated environmental surfaces shall be cleaned and disinfected as soon as feasible after contamination.
  - If a sharp punctures the primary container, the primary container will be placed in a secondary container that is puncture resistant and labeled with a warning.
  - Broken glass or other potentially contaminated sharp objects will not be handled or picked up with bare hands.

30

## Work Practice Controls

- These controls reduce likelihood of exposure.
  - Spills of blood or OPIM shall be cleaned as soon as practical using an approved disinfectant.
  - Red bags labeled with the biohazard symbol will be used to package all regulated medical waste.
  - All medical waste containers should be treated as if there may be a hidden sharp inside.
  - Any equipment which may be contaminated with blood or OPIM is thoroughly examined and if necessary, decontaminated, prior to servicing or shipping.

31

## PPE

- The following personal protective equipment is provided for protection against infectious materials:
  - Company supplied uniforms
  - latex gloves
  - heavy impervious gloves
  - disposable coveralls
  - rubber boots
  - safety glasses
  - masks

32

## Housekeeping

- All equipment and surfaces are cleaned and decontaminated after contact with blood or OPIM according to the following schedule:
  - After completion of regulated medical waste transfer procedures;
  - Immediately (or as soon as feasible) when surfaces are contaminated; and
  - After any spill of blood or OPIM.

33

## Regulated Medical Waste

- The following work practice controls will be used when handling RMW:
  - Red liners with the biohazard symbol will be used in all RMW containers.
  - Containers for RMW are available in all our vehicles.
  - All RMW is discarded in containers or "red-bagged" into containers that are:
    - Closable;
    - Leak proof; and
    - Labeled with the biohazard symbol.
  - All RMW containers are maintained in an upright position and will not be transported if there is evidence of leakage.

34

## Hepatitis B Vaccination

- Is available to all employees at no cost.
- If you decline the vaccination you must sign a declination form.
- Require three injections to obtain immunity.
  - Initial
  - One month
  - Five months
- The vaccine is safe and effective.
- It will not cure a person who is already infected.

35

## Response to RMW Spills

- Spill clean up procedures:
  - Spray waste and surrounding area with disinfectant.
  - Wait a minimum of 5 minutes to allow the disinfectant to work.
  - Put on heavy gloves and safety glasses. (Based on the size of the spill, put on disposable coveralls)
  - Use absorbent to solidify liquids.
  - Use broom and dust pan to collect absorbent and deposit in biohazardous box.
  - Following collection of absorbent, spray broom and dustpan with disinfectant.
  - Reapply disinfectant to floor and wipe up with paper towels.
  - Deposit paper towels, gloves and disposable coveralls in biohazardous box.

36

## What to do if an Exposure Occurs

- Wash exposed area with soap and water.
- Flush splashes to nose, mouth or skin with water.
- Irrigate eyes with water or saline.
- Report the exposure.
- As soon as possible, go to:
  - Occupational Health or the emergency room.

37

## Post-Exposure Follow-Up

- Documents routes of exposure and how exposure occurred.
- Records injuries from contaminated sharps in a sharps injury log, if required.
- Obtains consent from source individual and exposed employee and test blood as soon as possible after exposure.
- Provides risk counseling and post-exposure protective treatment for disease when medically indicated.
- Provides written opinion of findings to employer and copy to employee within 15 days of the evaluation.

38

## Signs and Labels

- Warning labels required on:
  - Containers of RMW
  - Entrances to areas containing RMW
- Red bags or containers may be substituted for labels.
- Biohazard Symbol



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## Questions



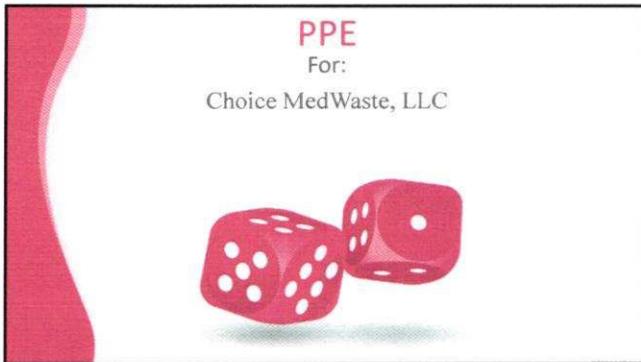
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## Test

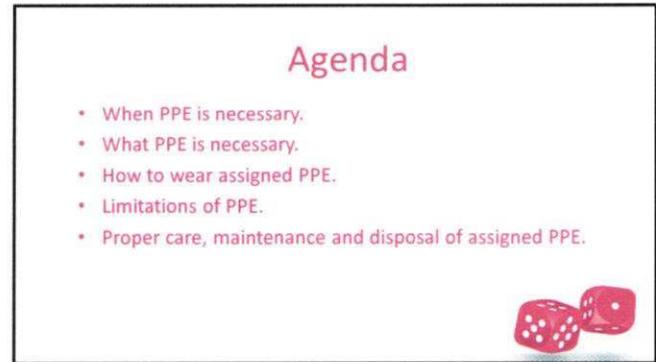
- Universal precautions requires treating all body fluids as infectious.
- Hepatitis B is can cause death from liver disease.
- There is a vaccine available for Hepatitis C.
- Healthy skin is not a barrier against HIV and hepatitis.
- The exposure control plan never needs to be reviewed.
- Workers need to wear heavy impervious gloves.
- There is no need to wash your hands after removing your gloves.
- It is OK to eat and smoke in the back of the truck.
- Broken glass should never be handled with your hands.
- HBV can be transmitted during unprotected sex.
- If you discover a container that is leaking don't disinfect it.
- You must buy your own Personal Protective Equipment.
- Surfaces contaminated with blood must be decontaminated immediately.
- It is fine to lay RMW containers on their side.
- You must pickup all containers at a customer location.
- Choice MedWaste must provide hepatitis B vaccine at no cost to the employee.
- Do not spray disinfectant before you start a spill clean up.
- If an exposure occurs wash or flush the affected area.
- There is no reason to report an exposure.
- This is the Biohazard symbol.



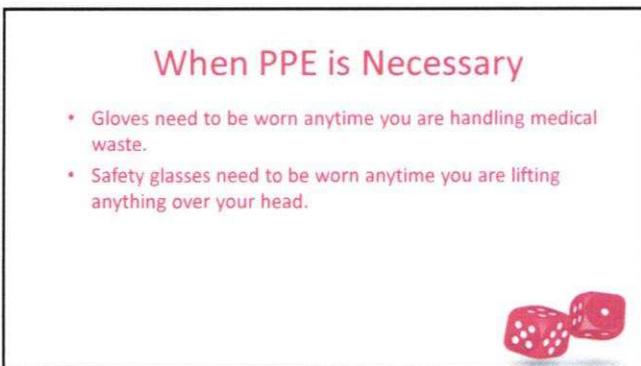
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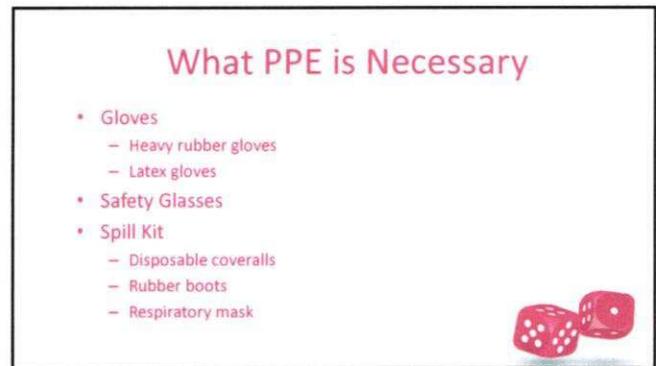
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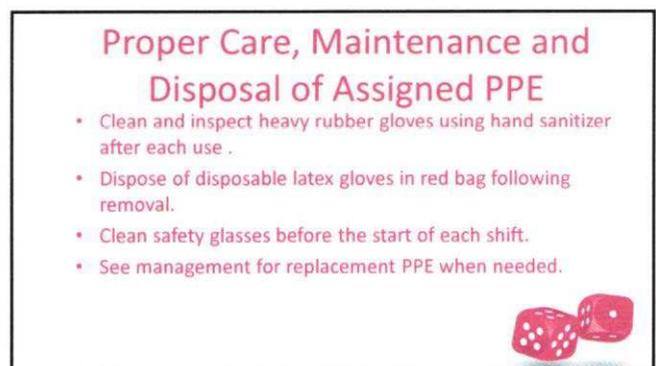
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4



5



6

### Test

- 1. Gloves must be worn anytime RMW is handled. \_\_\_\_\_ T F
- 2. Safety glasses should be worn when driving to reduce the sunshine in your eyes. \_\_\_\_\_ T F
- 3. PPE includes heavy rubber gloves. \_\_\_\_\_ T F
- 4. PPE includes latex gloves. \_\_\_\_\_ T F
- 5. PPE includes safety glasses. \_\_\_\_\_ T F
- 6. There is additional PPE in the spill kit. \_\_\_\_\_ T F
- 7. The spill kit contains disposable coveralls. \_\_\_\_\_ T F
- 8. Disposable latex gloves are worn under the heavy rubber gloves. \_\_\_\_\_ T F
- 9. You can use hand sanitizer to clean the heavy rubber gloves. \_\_\_\_\_ T F
- 10. You should inspect the heavy rubber gloves as you clean them. \_\_\_\_\_ T F
- 11. It is fine to use the latex gloves until they tear. \_\_\_\_\_ T F
- 12. Use safety glasses when lifting boxes above your head. \_\_\_\_\_ T F
- 13. You should clean safety glasses before the start of each shift. \_\_\_\_\_ T F
- 14. Management will have replacement PPE. \_\_\_\_\_ T F
- 15. You have to purchase your own PPE. \_\_\_\_\_ T F





**Spill Plan and Implementation**

Choice MedWaste, LLC

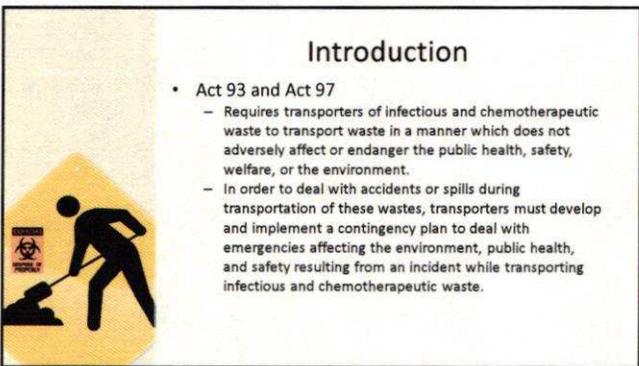
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### Agenda

- Introduction
- Purpose
- Emergency Reporting
- Emergency Response Coordinators and Contractors
- Driver Responsibilities
- Emergency Equipment - Truck
- Spill Response Team Responsibilities
- Emergency Equipment - Spill Team
- Spill Clean-up Procedures

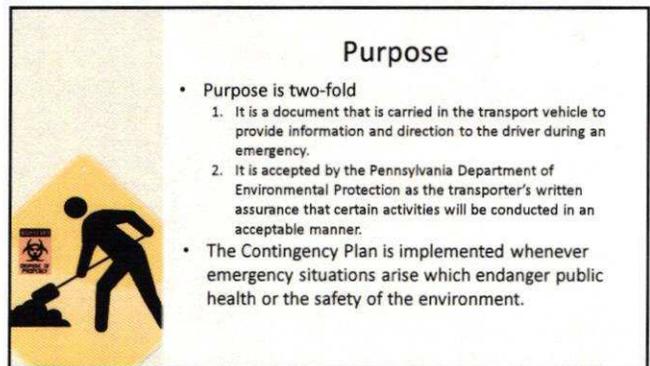
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### Introduction

- Act 93 and Act 97
  - 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.

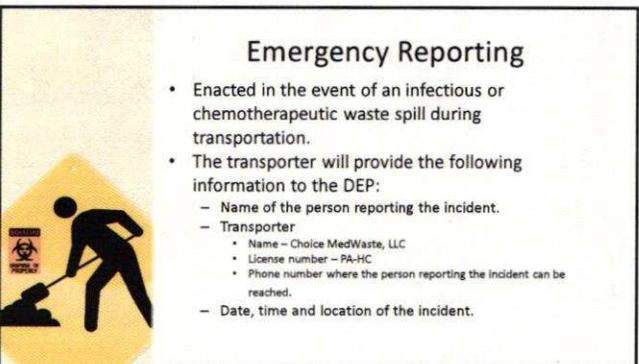
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### Purpose

- Purpose is two-fold
  1. It is a document that is carried in the transport vehicle to provide information and direction to the driver during an emergency.
  2. It is accepted by the Pennsylvania Department of Environmental Protection as the transporter's written assurance that certain activities will be conducted in an acceptable manner.
- The Contingency Plan is implemented whenever emergency situations arise which endanger public health or the safety of the environment.

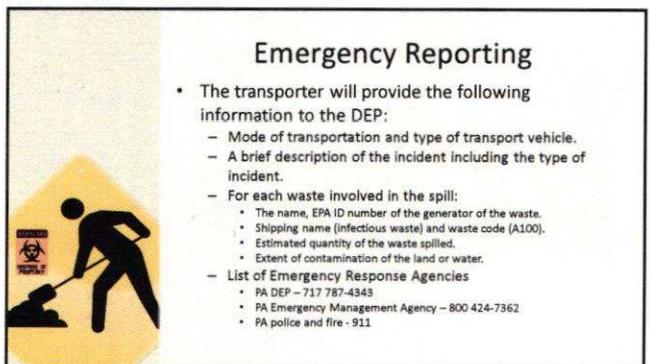
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### Emergency Reporting

- Enacted in the event of an infectious or chemotherapeutic waste spill during transportation.
- The transporter will provide the following information to the DEP:
  - Name of the person reporting the incident.
  - Transporter
    - Name - Choice MedWaste, LLC
    - License number - PA-HC
    - Phone number where the person reporting the incident can be reached.
  - Date, time and location of the incident.

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### Emergency Reporting

- The transporter will provide the following information to the DEP:
  - Mode of transportation and type of transport vehicle.
  - A brief description of the incident including the type of incident.
  - For each waste involved in the spill:
    - The name, EPA ID number of the generator of the waste.
    - Shipping name (infectious waste) and waste code (A100).
    - Estimated quantity of the waste spilled.
    - Extent of contamination of the land or water.
  - List of Emergency Response Agencies
    - PA DEP - 717 787-4343
    - PA Emergency Management Agency - 800 424-7362
    - PA police and fire - 911

6



### Emergency Response Coordinators and Contractors

- Primary Emergency Coordinator
  - Matt Georgov
  - 302-366-7575 or 302-420-1770
- Secondary Emergency Coordinator
  - Bruce Georgov
  - 302-366-7575 or 302-420-4289

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### Emergency Response Coordinators and Contractors

- At all times, there shall be at least one employee either on the installation's premises or on-call with the responsibility for coordinating all emergency response measures. The emergency coordinators are thoroughly familiar with all aspects of the Transporter Contingency Plan, all operations and activities, the characteristics of all materials handled and the location of all records. In addition, the emergency coordinators have the authority to commit the resources necessary to carry out the Transporter Contingency Plan.
- Choice MedWaste will act as their own emergency response contractor.

8



### Driver Responsibilities

- In the event of a spill the driver will implement the following actions:
  - Cordon off the spill area using safety cones and caution tape from the Spill Kit.
  - Contain a liquid spill with booms and absorbent pads to minimize the danger to the public and environment.
  - Assess the type of spill, estimated quantity and extent of contamination to the land or water.
  - Contact the Emergency Coordinator and provide details concerning the spill.

9



### Driver Responsibilities

- In the event of a spill the driver will implement the following actions:
  - The driver will **FIRST** open the spill kit and use booms and absorbent pads to contain any liquid spills (including fuel) and prevent the liquid from absorbing into the ground or reaching a water source.
  - The driver will use the warning triangles and caution tape to secure the area.
  - The driver will then call the Emergency Coordinator.
  - The Emergency Coordinator will inform the driver what steps the driver needs to take.

10



### Driver Responsibilities

- In the event of a spill the driver will implement the following actions:
  - The Emergency Coordinator will inform Emergency Response Agencies with all necessary information concerning the spill.
  - The transport vehicle is equipped with a complete spill kit. If the driver is able to complete the clean-up, he will complete the following steps:
    - The driver will don appropriate PPE.
    - Place an appropriate red plastic bag, meeting ASTM D 1709-91, inside a fiberboard box at the Packing Group II level.

11



### Driver Responsibilities

- The transport vehicle is equipped with a complete spill kit. If the driver is able to complete the clean-up he will complete the following steps:
  - Place all contaminated booms and absorbent pads and shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
  - Spray the contaminated area with an EPA registered disinfectant.
  - Spread absorbent on the contaminated area and wait at least 10 minutes.
  - Shovel the absorbent and any other contaminated items (contaminated soil) into the container; continue until no visible contamination remains.
  - If sharps or broken glass are involved use tongs or forceps.
  - Once again spray the area previously covered by the spill with the EPA-approved disinfectant.

12



### Driver Responsibilities

- The transport vehicle is equipped with a complete spill kit. If the driver is able to complete the clean-up he will complete the following steps:
  - Spray any tools with disinfectant that may have come into contact with the infectious waste during this clean-up.
  - Remove and place all disposable PPE in the fiberboard box or reusable plastic container used during this clean-up. Seal the contents and mark the box or container as "Spill Cleanup."
- If the spill is beyond the ability of the driver to clean-up the Emergency Coordinator will activate the Spill Response Team.

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### Emergency Equipment - Truck

- The following emergency equipment is contained on each transport vehicle:
  - Shovel;
  - Broom and dust pan or scooper;
  - Heavy-duty latex exam gloves or disposable Nitrile gloves;
  - Two pairs of heavy rubber gloves;
  - Safety glasses;
  - Rubber boots or other protective foot covering;
  - One gallon of EPA registered disinfectant with sprayer;

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### Emergency Equipment - Truck

- The following emergency equipment is contained on each transport vehicle:
  - One gallon of EPA registered disinfectant with sprayer;
  - One container of anti-bacterial skin cleanser (alcohol-based hand sanitizer product);
  - Flashlight and batteries;
  - Absorbent HazMat socks (6 of 3" diameter x 10' L);
  - Absorbent HazMat pads (25 of 15"W x 20"L Heavy Duty);
  - One roll of caution tape;
  - Scissors;

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### Emergency Equipment - Truck

- The following emergency equipment is contained on each transport vehicle:
  - Tongs or forceps to pick up broken or sharp items;
  - First aid kit:
    - Antiseptic towelettes
    - Antiseptic ointment
    - Adhesive tape
    - Roller gauze and gauze pads
    - Two quart-size eye wash containers
    - Band-Aids in assorted sizes
    - Cold pack
  - Markers, labels, and pens;

16



### Emergency Equipment - Truck

- The following emergency equipment is contained on each transport vehicle:
  - Tyvek suits (x 2);
  - 10 pounds of absorbent (kitty-litter or equivalent);
  - Respiratory mask;
  - One warning triangle kit; and
  - One ABC-rated fire extinguisher (carried in the truck cab).

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### Spill Response Team Responsibilities

- The spill response team is responsible for spills that are beyond the ability of the driver to clean up.
- Based on the driver's assessment of the spill, the spill response team will meet at 10 Mill Park Court Newark, DE 19713, and get the necessary supplies to properly deal with the situation.
- The spill response team has access to a broader range of equipment and supplies.

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### Emergency Equipment – Spill Team

- The following emergency equipment is contained at 10 Mill Park Court Newark, DE 19713 :
  - Shovels (2);
  - Brooms and dust pans (2);
  - Heavy-duty latex exam gloves or disposable Nitrile gloves (2 boxes);
  - Heavy rubber gloves (3 pairs);
  - Safety glasses (2);
  - Rubber boots or other protective foot covering (2);
  - EPA registered disinfectant with (2 gallons with sprayers);

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### Emergency Equipment – Spill Team

- The following emergency equipment is contained at 10 Mill Park Court Newark, DE 19713 :
  - Anti-bacterial skin cleanser (alcohol-based hand sanitizer product) (2);
  - Flashlight and batteries (2);
  - Absorbent HazMat socks (12 of 3" diameter x 46' L)
  - Absorbent HazMat pads (200 of 15"W x 20"L Heavy Duty);
  - Caution tape (4);
  - Scissors (2);

20



### Emergency Equipment – Spill Team

- The following emergency equipment is contained at 10 Mill Park Court Newark, DE 19713 :
  - Tongs or forceps to pick up broken or sharp items (4);
  - First aid kit (2):
    - Antiseptic towelettes
    - Antiseptic ointment
    - Adhesive tape
    - Roller gauze and gauze pads
    - Two quart-size eye wash containers
    - Band-Aids in assorted sizes
    - Cold pack

21



### Emergency Equipment – Spill Team

- The following emergency equipment is contained at 10 Mill Park Court Newark, DE 19713 :
  - Markers, labels, and pens;
  - Tyvek suits (4);
  - 50 pounds of absorbent (kitty-litter or equivalent);
  - Respiratory mask (2);

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### Spill Clean-up Procedures

- On an impermeable surface:
  - Don appropriate PPE;
  - Place an appropriate red plastic bag, meeting ASTM D 1709-91, inside a fiberboard box at the Packing Group II level.
  - Place all contaminated booms and absorbent pads and shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
  - If sharps or broken glass are involved use tongs or forceps.
  - Spray the contaminated area with an EPA registered disinfectant.

23



### Spill Clean-up Procedures

- On an impermeable surface:
  - Spread absorbent on the contaminated area and wait at least 10 minutes.
  - Shovel the absorbent and any other contaminated items into the container; continue until no visible contamination remains.
  - Once again spray the area previously covered by the spill with the EPA-approved disinfectant.
  - Spray any tools with disinfectant that may have come into contact with the infectious waste during this clean-up.

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### Spill Clean-up Procedures



- On an impermeable surface:
  - Remove and place all disposable PPE in the fiberboard box or reusable plastic container used during this clean-up. Seal the contents and mark the box or container as "Spill Cleanup."
- On a permeable surface:
  - Once a spill has reached soil, gravel, pebbles or any broken ground, containment and clean-up of the spill becomes more difficult.
  - With spills onto soil the first steps need to occur very quickly and unless the spill is large, may only take minutes.

25

### Spill Clean-up Procedures



- On a permeable surface:
  - Four basic steps need to be followed:
    1. Control the spill – Stop the source of the spill if possible.
    2. Contain the spill – Use absorbent pads and booms to surround and prevent the spill from further impacting the environment.
    3. Clean-up – Follow the steps outlined for a spill on an impermeable surface.
    4. Remediation – Remove contaminated soil until fresh soil is uncovered. Place the contaminated soil into the container with the other contaminated material. Retreat the remaining soil with disinfectant. Level the remaining soil and return the area to a pre-spill condition.

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## Davis, DaQuan (DNREC)

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**From:** Ruthann Smith <rsmith@hatfield-group.com>  
**Sent:** Tuesday, March 17, 2026 9:52 AM  
**To:** WHStranporters  
**Cc:** Davis, DaQuan (DNREC); Matt Georgov  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application  
**Attachments:** COI for Dept of Natural Resources from Choice Medwaste LLC.pdf

Hi,

I have attached a certificate of insurance you requested from Choice MedWaste, LLC.

Thank you,

Ruth Ann Smith  
Hatfield Group, LLC  
311 Sumneytown Pike, Ste 1 F  
North Wales, PA 19454  
Phone: 215-699-6671 Ext 25  
Fax: 215-699-5509  
Email: [rsmith@hatfield-group.com](mailto:rsmith@hatfield-group.com)

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**From:** Ralph Faustino <rfaustino@hatfield-group.com>  
**Sent:** Tuesday, March 17, 2026 9:29 AM  
**To:** Ruthann Smith <rsmith@hatfield-group.com>  
**Subject:** FW: Delaware Solid Waste Transporter Permit Application

***Ralph Faustino / Account Specialist***

PA License #1216444  
**Hatfield Group, LLC**  
311 N Sumneytown Pk, Ste 1F, North Wales, PA 19454  
Office # 215-699-6671

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**From:** Matt Georgov <[matt.georgov@choicemedwaste.com](mailto:matt.georgov@choicemedwaste.com)>  
**Sent:** Tuesday, March 17, 2026 9:24 AM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>; Ralph Faustino <[rfaustino@hatfield-group.com](mailto:rfaustino@hatfield-group.com)>  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application

Ralph - can you supply the updated COI and reply all to this email for DNRECs request below?

Thanks,  
Matt

Founder & CEO  
Choice MedWaste

[Get Outlook for iOS](#)

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**From:** Davis, DaQuan (DNREC) <on behalf of WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>>  
**Sent:** Tuesday, March 17, 2026 9:05 AM  
**To:** Matt Georgov <[matt.georgov@choicemedwaste.com](mailto:matt.georgov@choicemedwaste.com)>  
**Subject:** Delaware Solid Waste Transporter Permit Application

Hello,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 10**-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings HWY, Dover, DE 19901.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist  
**Division of Waste and Hazardous  
Substances**

📞 302-739-9403  
✉️ [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)  
📍 89 Kings Hwy SW, Dover, DE 19901  
🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/10/2026

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 Hatfield Group LLC 311 Sumneytown Pike Suite 1F North Wales PA 19454-	CONTACT NAME: Ruth Ann Smith
	PHONE (A/C, No, Ext): (215)699-6671 FAX (A/C, No): (215)699-5509
	E-MAIL ADDRESS: rsmith@hatfield-group.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A: Nautilus Insurance Co	NAIC # 17370
INSURER B: Key Risk Insurance Co	10885
INSURER C: New Jersey Mfgs Insurance Co.	12122
INSURER D: Great Amer Spirit Ins Co	33723
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary/Non-contrib. GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	ECP2034616-14	04/16/2025	04/16/2026	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> CA 99 48 <input checked="" type="checkbox"/> MCS-90	X	X	BAP2034610-14	04/16/2025	04/16/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	X	X	FFX2040138-12	04/16/2025	04/16/2026	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 <input checked="" type="checkbox"/> N/A	X		W40510-0-25	07/01/2025	07/01/2026	<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
A	Contr Poll / Prof Liab		X	ECP2034616-14	04/16/2025	04/16/2026	Occur / Agg Limit \$1,000,000
D	Empl Prac Liab		X	EPLF139663	04/16/2025	04/16/2026	Liab Limit \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Evidence of Insurance.

## CERTIFICATE HOLDER

## CANCELLATION

AI 105957

Department of Natural Resources & Environmental  
Solid & Hazardous Waste Management Section  
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

Fax: ( ) -

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