

# STATE OF DELAWARE INFECTIOUS WASTE GENERATOR ANNUAL REPORT

## URGENT REGULATORY MATTER – SUBMISSION DUE BY APRIL 1<sup>ST</sup>

**Infectious Waste** is regulated by the State of Delaware's *Regulations Governing Solid Waste* (DRGSW) Section 11, available at the web address below:

<http://regulations.delaware.gov/AdminCode/title7/1000/1300/Split1301/index.shtml>

Large Quantity Generators (LQG) are those that generate **50 pounds or more of infectious waste in any month**. LQG's are required by DRGSW §11.17.3 to annually report how infectious waste is managed. Completing and submitting this form fulfills that requirement.

Regardless if the site has notified with the Department as a Small Quantity Generator (SQG), if the site generated **50 pounds or more of infectious waste in any month during the reporting year, annual reporting is required**.

After completing this report, provide a signed copy to DNREC via either paper mail:

**Lindsey Douglas  
DNREC CAPS  
89 Kings Highway  
Dover, DE 19901**

Or via fax, at:

**302-739-5060**

Or via pdf/e-mail to:

[Lindsey.Douglas@delaware.gov](mailto:Lindsey.Douglas@delaware.gov)

**"Infectious Waste"** means those solid wastes which may cause human disease and may reasonably be suspected of harboring human pathogenic organisms, or may pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of or otherwise managed. Types of solid wastes designated as infectious include but are not necessarily limited to the following:

- **Biological liquid wastes**
- **Pathological waste.**
- **Cultures and stocks of etiologic agents and associated biological wastes**
- **Laboratory waste**
- **Animal tissue, bedding and other**
- **Human dialysis waste materials**
- **Sharps**
- **Discarded Biologicals**
- **Isolation Wastes**
- **Other infectious waste means**

Please provide the site's IWG ID# and mailing address:

Has the name of the site changed within the year?  
Yes / please provide former name:  
No

Is the physical location of the site the same as the mailing address listed above?  
Yes  
No / please provide physical address:

"IWG" stands for **Infectious Waste Generator**. Does the IWG number stated above match the IWG stated on your waste shipment records?  
Yes  
If No, what IWG number is being used?:

Did this site generate **50 pounds or more of infectious waste in any month during the year?**  
  
*Yes. Flip the page and complete the report.*  
  
*No. Thank you; please submit this page to DNREC by April 1st via email, paper mail, or fax. Contact information listed on the left side of this page.*

Contact Name:  
  
Email Address:  
  
Phone Number:  
  
Join electronic mailing list for regulatory announcements?      Yes      No

# STATE OF DELAWARE INFECTIOUS WASTE GENERATOR ANNUAL REPORT

Did your facility **treat** infectious waste **on-site** to render it non-infectious and non-recognizable prior to disposal?

Yes / Describe:

**No**, a Delaware-permitted hauler transported the infectious waste to an off-site Treatment/Disposal Facility

Both of the above



Did your facility contract to have any untreated infectious waste transported for off-site disposal?

**No** / Explain:

**Yes**. Transporter(s) used:

Advant-Edge Solutions SW1055

Alpha BioMed SW1559

Choice MedWaste SW1542

Clean Harbors SW0330

Curtis Bay SW1345

Daniels Sharpsmart SW1216

Stericycle SW0791

Veolia SW0463

USPS (Sharps Mail-Back Programs)

Other / List DE Permit #

Infectious waste was transported to which Treatment/Disposal Facility for final management? Please select all that apply.

Biomedical Waste Services

Curtis Bay

Stericycle

Sharps Environmental/Sharps Compliance

Other/Describe Treatment Method/Address of Facility:



List the total amount, **in pounds**, of infectious waste sent to each Treatment/Disposal Facility during this reporting year:

*If you do not know the total poundage, please contact the treatment/disposal facility to obtain the amount.*

***I certify that the information contained in this document is correct.***

Printed Name / Title:

Signature / Date:

**Submit this Report to DNREC by April 1<sup>st</sup>**  
Please maintain a copy of this report for your records.