NEW JERSEY REGULATED MEDICAL WASTE TRANSPORTER ANNUAL REPORT
INSTRUCTIONS
(revised June 2023)

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Sustainable Waste Management
Bureau of Recycling and Hazardous Waste Management
(609) 984-3438

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This report must be submitted by transporters that accept and transport regulated medical waste in the State of New Jersey.

You must be registered with Compliance & Enforcement as a regulated medical waste transporter. If you are not registered, please contact the Licensing & Registration Unit at (609) 292-7081.

Email this report to: **rmwtransporterannualreports@dep.nj.gov**

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Please read the instructions carefully before completing this form.

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INSTRUCTIONS

AUTHORITY:

This information is required by the New Jersey Department of Environmental Protection (DEP) under the authority of N.J.A.C. 7:26-3A.35 - 36 of the Regulated Medical Waste (RMW) Rule. DEP requires you to provide this information based on the records you must keep as a regulated medical waste transporter.

WHO MUST COMPLETE THIS FORM?

This report must be completed by RMW transporters; RMW generators that self-transport; and owners and operators of transfer facilities engaged in transporting regulated medical waste that is generated, stored, transferred, treated, destroyed, disposed of, or otherwise managed in New Jersey (including RMW generated out-of-state).

WHEN MUST THIS REPORT BE SUBMITTED?

The RMW Transporter Annual Report shall be submitted to the DEP on or before July 30 of each calendar year pursuant to N.J.A.C. 7:26-3A.35(d). The report covers the period from July 1 of the previous year to June 30 of the current year.

WHAT TYPE OF INFORMATION IS REQUIRED TO BE INCLUDED IN THIS REPORT?

The RMW Transporter Annual Report Form records information about the source and disposition of regulated medical waste handled by a transporter. The form is divided into six sections:

I.	Transporter Identification Information
II.	Disposition Information
III.	Generator Identification
IV.	Second Transporter and Transfer Facility Identification
V.	Intermediate Handlers and Destination Facility Identification
VI.	Final Disposal Facility Identification

WHERE CAN THIS INFORMATION BE FOUND?

Complete the transporter report using the information that can be obtained from the tracking forms and transporter logs. Use only those tracking forms and logs that have certification receipt dates in Box 16 of the tracking form, and that fall within the reporting periods specified above.

INSTRUCTIONS FOR COMPLETING THE FORM

The report is in two parts – an Excel workbook and a certification PDF.

The following item-by-item instructions explain which Sections (I-VI) of the Excel workbook each type of transporter must complete.

Upon completion of the Excel workbook form, the certification PDF must be completed. Both documents must be sent as attachments to an email to:
 rmwtransporterannualreports@dep.nj.gov

Failure to attach both the certification PDF and the Excel form together will be considered noncompliance.

All information must be entered into the Microsoft Excel Macro Enabled Workbook posted on the NJ DEP website at:
https://www.nj.gov/dep/dshw/rhwm/rmwtransporter.html

SECTION I. TRANSPORTER IDENTIFICATION INFORMATION

Box 1. Reporting Period
This box specifies the reporting period for the information you are submitting. Enter the last two digits of the reporting year (July 1 of the previous year to June 30 of the current year).

Box 2. Transporter Name and Mailing Address
Enter the name and mailing address of the transporter that is completing this report.

Box 3. NJDEP Identification Number
Enter the 5-digit NJDEP Regulated Medical Waste Transporter Identification Number.

Box 4. Intermediate Transporter
Transporters that (1) solely accept regulated medical waste from other transporters and (2) deliver such waste only to another transporter for further movement, are considered "intermediate transporters" and need only complete Boxes 1 through 6. If you are an intermediate transporter, select "Yes" from the dropdown menu. If you are not an intermediate transporter, select "No" from the dropdown menu. In both cases, continue to Box 5.

Box 5. Contact Person Enter the name, title, telephone number, and email of the person who is most knowledgeable about your transportation operations, or the person who is responsible for the information in the report.

Box 6. Certification
After completing the Excel workbook, the company owner or an authorized representative must sign and date the certification and indicate his or her title or position. If your organization has no legal owner (e.g., a local government entity), the individual within your organization who is responsible for the information in this report must sign and date the certification and indicate his or her title or position. If you are an intermediate transporter during the reporting period in Box 1, you do not need to complete the remaining sections of this report. If, however, you accepted regulated medical waste directly from a generator in New Jersey, or if you delivered such waste to an intermediate handler or destination facility during the reporting period in Box 1, continue with Sections II, III, IV, V and VI and follow the instructions. The certification PDF must be filled out and attached to an email along with the Excel workbook.

SECTION II. DISPOSITION INFORMATION

This section requires submittal of information on the quantities of regulated medical waste you transported during the reporting period in Box 1.

Box 7. Total Quantity of Regulated Medical Waste by Category and Destination
This box requests information on the total quantity of (A) untreated and (B) treated regulated medical waste you accepted for transport during the reporting period. The total quantity of waste should include only the regulated medical waste you transported that was generated or disposed of in New Jersey. For each category of waste, enter the quantity of waste (in pounds) that was delivered to either:
(i) a second transporter or transfer facility OR (ii) an intermediate handler or destination facility. Please DO NOT double count the RMW you are reporting. RMW that you delivered to a second transporter or transfer facility should not also be reported in the Intermediate Handler or Destination Facility column. If a category of waste was not delivered to a designated type of facility, enter "0" in the box for that category and facility combination.

SECTION III. GENERATOR IDENTIFICATION

This section requires the submittal of information regarding the generators from whom you accepted regulated medical waste during the reporting period in Box 1.

Box 8. Total Number of Generators from whom Regulated Medical Waste was Accepted
Enter the total number of generators from whom you accepted regulated medical waste for transport during the reporting period. If your company did not accept any regulated medical waste directly from a generator, enter "0" in the box and skip to Section IV.

Box 9. Identity of Generators
Complete Columns A through R on each individual generator from whom you accepted regulated medical waste during the reporting period. The information for each generator should be entered onto a different row. As many rows may be used as needed for the number of generators entered in to Box 8.

Column A. Generator Identification Number
Enter the 6 or 7-digit NJDEP Regulated Medical Waste Generator Identification Number. This number can begin with a 0. If a NJDEP Regulated Medical Waste Generator Identification Number is unknown, please leave this field blank. Generators of regulated medical waste must register by contacting the RMW Registration Unit by either calling (609) 292-7081 and pressing 3 at the prompt OR emailing mebinfo@dep.nj.gov

Column B. Generator Name
Enter the name representing the physical location of the generator where the waste was accepted.

Column C. Type of Generator
Select one of the following codes from the drop down that best classifies the type of generator. Use your best judgement as to the generator's type.

Code **Generator Type**

01 .. **Hospital** - includes waste generated in all laboratories and departments.

02 .. **Laboratory** - including clinical and research laboratories generating regulated medical waste (not at a hospital).

03 .. **Clinic** - includes group practice facilities that provide ambulatory care of one or more specialties such as hemodialysis, prenatal or postpartum care, surgical centers, family practice centers, etc. Also includes outpatient drug treatment facilities, and nonresidential medical day care facilities.

04 .. **Physician** - includes single and multiple private-practice physician offices.

05 .. **Dentist** - includes single and multiple private-practice dentist offices.

06 .. **Veterinarian** - includes single and multiple private- practice veterinarian offices.

07 .. **Long Term or Residential Health Care Facility** - includes facilities providing skilled or non-skilled care such as nursing homes and residential drug treatment centers.

08 .. **Blood Banks** - includes freestanding blood banks (not at a hospital) and their mobile off-site activities.

09 .. **Schools** - includes all infirmaries at schools.

10 .. **Funeral Homes**

11 .. **Public Health Agencies** - includes all Federal, State and local Governmental health agencies such as health departments, etc.

12 .. **Other** - includes any other facility generating regulated medical waste such as ambulance services, infirmaries located other than at schools, etc. (NOTE: If you enter this code, specify the type of generator in the space provided in Column D).

Column D. Specify for Other
If the selected Generator Type is (12) Other, specify the type of generator in the space provided.

Columns E-F. Quantity of Regulated Medical Waste Accepted from the Generator
For each category (untreated and treated), enter the amount of waste (in pounds) that you accepted from the generator during the reporting period. If you did not accept waste in one of the categories, enter "0." These columns contain validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column E. Quantity of Regulated Medical Waste Accepted, Untreated (in Pounds)
For untreated, enter the quantity of waste (in pounds) which was delivered to the intermediate handler or destination facility for disposal during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column F. Quantity of Regulated Medical Waste Accepted, Treated (in Pounds)
For treated, enter the quantity of waste (in pounds) which was delivered to the intermediate handler or destination facility for disposal during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column G. Street Address of Site
Enter the street address representing the physical location of the generator where the waste was accepted.

Column H. Municipality of Generator
Enter the municipality representing the physical location of the generator where the waste was accepted.

Column I. State of Generator
Select the state representing the physical location of the generator where the waste was accepted.

Column J. Zip Code of Generator
Enter the zip code representing the physical location of the generator where the waste was accepted.

Column K. County of Generator
If the site address originates from New Jersey, select from the drop down the county in which the generator is physically located where the waste was accepted. If the site address originates from a state other than New Jersey, then "Out of State" should be selected from the drop down.

Column L. Generator Mailing Address
Enter the name and mailing address of the generator.

Column M. Generator City Address
Enter the city name that corresponds to the mailing address of the generator.

Column N. State of Generator
Select the state that corresponds to the mailing address of the generator.

Column O. Generator Zip Code Address
Enter the zip code that corresponds to the mailing address of the generator.

Column P-R. Contact Name
Enter the appropriate name, title, telephone number, and email of the person who can be contacted regarding this generator.

SECTION IV. SECOND TRANSPORTER AND TRANSFER FACILITY IDENTIFICATION

Box 10 requires the submittal of information regarding the second transporters and transfer facilities to which you delivered regulated medical waste during the period marked in Box 1.

Box 10. Total Number of Second Transporters and Transfer Facilities to which Regulated Medical Waste was Delivered
Enter the total number of second transporters and transfer facilities to which you delivered regulated medical waste during the reporting period. This box should include all facilities (located in and out of New Jersey) that accepted the regulated medical waste listed in Box 7. If you did not deliver any regulated medical waste to a second transporter or transfer facility during the reporting period, enter "0" in

the box and skip to Section V.

11A. Name and Location.
Enter the name and address representing the physical location of the facility.

Column A. Second Transporter or Transfer Facility
Select from the drop down whether the location in which the regulated medical waste was delivered to be a second transporter or a transfer facility.

Column B-F. Second Transporter/Transfer Facility Location
Enter the appropriate name, address, city, state, and zip code of the second transporter/transfer facility (selected in column A).

11B. Quantity of Regulated Medical Waste Delivered to Second Transporter/Transfer Facility
For each category (untreated and treated) enter the quantity of waste (in pounds) that you delivered to the second transporter or transfer facility during the reporting period. If you did not deliver waste in one of the categories, enter "0" for that category. These columns contain validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column G. Quantity of Regulated Medical Waste Accepted, Untreated (in Pounds)
For untreated, enter the quantity of waste (in pounds) which was delivered to Second Transporter/ Transfer during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column H. Quantity of Regulated Medical Waste Accepted, Treated (in Pounds)
For treated, enter the quantity of waste (in pounds) which was delivered to Second Transporter/ Transfer during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

SECTION V. INTERMEDIATE HANDLER AND DESTINATION FACILITY IDENTIFICATION

Box 12 requires the submittal of information regarding the intermediate handlers and destination facilities which accepted the regulated medical waste that you have reported to have picked up in Section III for disposal during the reporting period in Box 1. Complete this section when you directly delivered the regulated medical waste that you have reported to have accepted for transport in Section III to an Intermediate Handler or Destination Facility.

Box 12. Total Number of Intermediate Handlers and Destination Facilities to which Regulated Medical Waste was Delivered.
Enter the total number of intermediate handlers and destination facilities to which you directly delivered regulated medical waste for disposal during the reporting period. This box should include all facilities (located in and out of New Jersey) to which the regulated medical waste listed in Box 7 was delivered. If you did not deliver any regulated medical waste to an intermediate handler or destination facility during the reporting period, enter "0" in the box and do not enter any additional information in this section; move on to Section VI (box 14).

Column A. Identity of Intermediate Handlers or Destination Facilities. Select the facility in which the regulated medical waste was delivered. Complete Boxes 13A and 13B identifying each individual intermediate handler and destination facility to which regulated medical waste generated in New Jersey was delivered. The number of facilities entered in Box 12 must equal the number of facilities.

13A. Name and Location
Enter the name and address representing the physical location of the facility.

13B. Facility Type
Enter one of the following codes that best classifies the type of facility:

Code	Facility Type
22 ..	Landfill
33 ..	Incinerator
44 ..	Treatment Facility (other than incinerator)
55 ..	Destruction Facility (other than incinerator)
66 ..	Treatment & Destruction Facility (other than incinerator)

13C. Quantity of Regulated Medical Waste Accepted by Intermediate Handler/Destination Facility
For each category (untreated and treated) enter the quantity of waste (in pounds) which was delivered to the intermediate handler or destination facility for disposal during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. These columns contain validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column H. Quantity of Regulated Medical Waste Accepted, Untreated (in Pounds)
For untreated, enter the quantity of waste (in pounds) which was delivered to the facility during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column I. Quantity of Regulated Medical Waste Accepted, Treated (in Pounds)
For treated, enter the quantity of waste (in pounds) which was delivered to the facility during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

SECTION VI. FINAL DISPOSAL FACILITY IDENTIFICATION

Box 14 requires the submittal of information regarding the facilities which accepted for final disposal, the regulated medical waste that you have reported to have delivered to facilities in Section IV during the reporting period in Box 1. <u>Complete this section even if you did not directly deliver the regulated medical waste that you have reported to have accepted for transport in Section III to a facility for final disposal.</u>

Box 14. Total Number of Facilities Which Accepted Regulated Medical Waste for Disposal
Enter the total number of facilities which accepted regulated medical waste for disposal during the reporting period. This box should include all facilities (located in and out of New Jersey) that accepted the regulated medical waste listed in Box 7 under Second Transporter or Transfer Facility.

Columns A-F. Identity of Final Disposal Facilities
Complete Boxes 15A and 15B identifying each individual facility which accepted for disposal, regulated medical waste generated in New Jersey. The information for each disposal facility should be entered into a different row.

The number of facilities entered in Box 14 must equal the number of facilities identified in the report.

15A. Name and Location
Enter the name and address representing the physical location of the facility.

15B. Facility Type
Enter one of the following codes that best classifies the type of facility:

Code   Facility Type
  22 .. Landfill
  33 .. Incinerator
  44 .. Treatment Facility (other than incinerator)
  55 .. Destruction Facility (other than incinerator)
  66 .. Treatment & Destruction Facility (other than incinerator)

15C. Quantity of Regulated Medical Waste Accepted by the Final Disposal Facility
For each category (untreated and treated) enter the quantity of waste (in pounds) that the facility accepted for disposal during the reporting period. If waste in one of the categories was not accepted by the facility, enter "0" for that category. These columns contain validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column G. Quantity of Regulated Medical Waste Accepted, Untreated (in Pounds)
For untreated, enter the quantity of waste (in pounds) which was delivered to the facility during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

Column H. Quantity of Regulated Medical Waste Accepted, Treated (in Pounds)
For treated, enter the quantity of waste (in pounds) which was delivered to the facility during the reporting period. If waste in one of the categories was not delivered to the facility, enter "0" for that category. This column contains validation to ensure numbers are entered in the correct format. Invalid numbers will be automatically cleared.

INSTRUCTIONS FOR SUBMISSION

Upon completion of the Excel workbook, the certification PDF must be completed and signed. Both documents should be attached and sent as an email to rmwtransporterannualreports@dep.nj.gov

Do not scan a hard copy of your completed Excel Workbook to send as an email attachment.

Failure to attach both the certification PDF and the Excel workbook will be considered in noncompliance.