

FACILITY NAME: _____



**Division of Materials and Waste Management
Licensed Infectious Waste Treatment Facility Annual Report
Year 2019**

<p>Directions: This report must be submitted to Ohio EPA by April 1, 2020. Please send <u>1</u> copy to the appropriate Ohio EPA District Office and one copy to the appropriate local health department. If you have any problems with or questions about this form, please contact your Ohio EPA District Office. Unless otherwise noted, all responses should represent the 2019 calendar year.</p>	<p style="text-align: center;">E-DOCUMENT INFORMATION</p> <p>Doctype: Report Secondary ID: Facility Name: County: Program*: Classification: Annual Report</p>
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FACILITY INFORMATION

Facility Name _____
Address _____
City _____ State _____ Zip Code _____ Phone (_____) _____
Contact Person _____ Phone (_____) _____
Contact Person Email _____
Ohio EPA District Office in which facility is located _____

1. Enter the monthly amount of infectious waste, listed by state or province from which the infectious waste originated, which was treated at your facility last calendar year. **NOTE: Please indicate the state and/or country where the infectious waste was generated and not the state and/or country in which the transporter was located. Please utilize the accompanying table, filling in the state heading when necessary. Provide all data in tons.**

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2. Please indicate, on the table below, the normal operating hours of the treatment facility:

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

3. Enter hourly capacity of each infectious waste treatment unit as indicated on the permit-to-install or current permit-to-operate.

Incinerator #1 _____ lbs/hr Autoclave #1 _____ lbs/hr
 Incinerator #2 _____ lbs/hr Autoclave #2 _____ lbs/hr

4. Please provide a monthly average of the frequency and duration that each treatment unit is down for repairs and maintenance.

	Frequency (#/month)	Duration (hrs/month)
Incinerator #1	_____	_____
Incinerator #2	_____	_____
Autoclave #1	_____	_____
Autoclave #2	_____	_____

5. Enter the monthly amount of infectious waste treated in each unit during the last calendar year.
Please utilize the accompanying table, filling in the state heading when necessary. Provide all data in tons.

6. Please provide the amount of infectious waste which treated in each unit during the last calendar year.

Incinerator #1 _____ Autoclave #1 _____
 Incinerator #2 _____ Autoclave #2 _____

7. List and attach the name and address of all transporters who delivered infectious waste to your treatment facility during the last calendar year.

8. List and attach all facilities utilized for disposal of treated infectious waste (please specify disposal facility utilized for each type of treated infectious waste, i.e., incinerator ash and/or autoclave waste).

9. Please enclose copies of all TCLP Test results of incinerator ash analyzed in the last calendar year.

10. What was the total amount of infectious waste host fees collected last year for remittance to the township or municipality?

_____ **Please submit copies of all host fees remittance forms for last year.**

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I CERTIFY THAT I HAVE EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS ANNUAL REPORT AND ALL ATTACHMENTS AND TO THE BEST OF MY KNOWLEDGE THE INFORMATION CONTAINED IN THIS ANNUAL REPORT IS TRUE, ACCURATE, AND COMPLETE.

Print Name

Signature

Date

Notary - Print name

Signature

Date

Only original signatures will be accepted; photocopies of signatures will not be accepted. Annual report must be signed by a notary public.

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Table for Question 1 - All Totals in Tons

STATE	Ohio						
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
STATE TOTAL:	Tons	Tons	Tons	Tons	Tons	Tons	Tons

Please indicate the number of tables enclosed: _____

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Table for Question 5 - All Totals in Tons

	Autoclave #1	Autoclave #2	Incinerator #1	Incinerator #2			
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							
TOTAL:	Tons	Tons	Tons	Tons	Tons	Tons	Tons

Please indicate the number of tables enclosed: _____