



Infectious Waste Transporter Registration Form
Bureau of Land and Waste Management

Official Use Only:

S.C. Transporter Registration/ID Number:
Date determined administratively complete
Date final review complete:
\$500.00 Fee accompanied this form? Yes No

1. Transporter Information

Business name of transporter
Facility Address
City State Zip Code
Name of legal owner/operator Contact e-mail address
Name of contact person/title Contact phone number
Mailing address (if different from above)
Street
City State Zip Code
Employer ID Number (EIN)

2 Fee

Transporters who transport infectious waste in South Carolina must apply for registration and pay a \$500.00 processing fee made payable to SCDHEC Bureau of Finance.

3. List location, mailing address, and phone number of all terminals, other transportation facilities or offices the applicant maintains.

[Blank lines for listing terminals, facilities, or offices]

4. List all known facilities where you will be taking infectious waste for treatment.

[Blank lines for listing treatment facilities]

5. List and discuss all accidents or discharges involving infectious waste that occurred last year.

6. List and discuss all enforcement actions taken against the applicant's business by this state, other states, or the federal government.

7. Please attach a copy of your facility's updated IW management plan.

All items in A-E below should be covered in attached documentation. Please check as they are completed.

A. SPILL PLAN EQUIPMENT & PROCEDURES

<input type="checkbox"/> Containment of spilled waste (e.g., absorbent)	<input type="checkbox"/> Notification	<input type="checkbox"/> Supplies for packaging spilled material (e.g., bags, boxes)
<input type="checkbox"/> Disinfection of spilled waste or contaminated material (e.g., disinfectant wipes, bleach solution)	<input type="checkbox"/> Supplies for handling spills (e.g., personal protective equipment, shovel)	

B. CONTINGENCY PLANS

<input type="checkbox"/> Alternate Treatment Site(s)	<input type="checkbox"/> Alternate Storage Site(s)
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C. HANDLING AND STORAGE

<input type="checkbox"/> Acceptance of infectious waste	<input type="checkbox"/> Transferring waste to storage or treatment facility	<input type="checkbox"/> Personal Protective Equipment
<input type="checkbox"/> Limiting access to waste	<input type="checkbox"/> Repackaging	<input type="checkbox"/> Vehicle Disinfection

D. HEALTH AND SAFETY TRAINING

<input type="checkbox"/> Proof of Training	<input type="checkbox"/> Schedule of Training	<input type="checkbox"/> Risks Associated with Infectious Waste
<input type="checkbox"/> Use of Personal Protective Equipment	<input type="checkbox"/> Spill Plan Procedures	

E. PROOF OF FINANCIAL RESPONSIBILITY

\$1,000,000 Per Occurrence

8. Insurance

Name of insurer/company

Address of insurer/company

PLEASE ATTACH A COPY OF THE COMPLETED SCDHEC CERTIFICATE OF INSURANCE.

9. Records

Please attach an example of any manifest and/or record of treatment you will provide to generators, not including DHEC form 2116.

10. Certification

I certify, under penalty of criminal and/or civil prosecution for making or submission of false statements, representations, or omissions, that I have read, understood, and will comply with the South Carolina Infectious Waste Management Regulation, R. 61-105.

Authorized Signature _____ Date _____ Name _____ Title _____