COMMERCIAL MEDICAL WASTE TSD FACILITY ANNUAL SUMMARY REPORT
FOR __________ YEAR

Section VII. O. of the Rule Pertaining to the Management of Medical Waste from Generators and Health Care Related Facilities – Commercial Medical Waste Transporters shall submit to the Department an annual summary report of their activities from January 1 to December 31 of each year. The report shall be submitted no later than March 1 of the year following the end of the reporting period. Please submit this report to the following address:

Arkansas Department of Health
Medical Waste Program
4815 West Markham Street, Slot 32
Little Rock, AR 72205-3867

NAME OF TSD FACILITY: ________________________________________
ADH PERMIT NUMBER: __________________________________________

1. Name(s) and addresses, registration or permit numbers, and the amount of waste deposited/unloaded at each facility in Arkansas where the medical waste was deposited/unloaded. Use a separate sheet of paper.

2. The amount of waste shipped into the state; the amount of waste shipped out of the state; and the amount of waste shipped within the state. Use a separate sheet of paper.

3. For commercial medical waste generated in Arkansas, the name and address of each generator for which commercial medical waste is transported and the amount of commercial medical waste transported for each generator*. Use separate sheets of paper or provide electronic database on CD.

Note: With respect to any potential Freedom of Information Act (FOIA) requests, none of the customer lists submitted in these Annual Summary Reports will be released by the Arkansas Department of Health without first giving the respective transporter the opportunity to assert its “competitive advantage” exemption under Arkansas FOI Act.