



# Department of Health

## Biomedical Waste Treatment Facility Annual Report

The owner(s) or operator(s) of a biomedical waste treatment facility shall document on this form the quantity of biomedical waste treated annually and submit to the local Department of Health Biomedical Waste Coordinator.

1. Name of Facility: \_\_\_\_\_

2. Facility Number: \_\_\_\_\_

3. Total quantity of biomedical waste treated at this facility from July 1 of last year through June 30 of this year:

<u>Type of Treatment</u>	<u>Quantity</u>	<u>Circle One</u>
(a) Incineration	_____	lbs. tons
(b) Steam	_____	lbs. tons
(c) Microwave Shredding	_____	lbs. tons
(d) Chemical	_____	lbs. tons
(e) Other	_____	lbs. tons

If other, please explain: \_\_\_\_\_

4. Total quantity of biomedical waste treated which was generated out-of-state for calendar year \_\_\_\_\_:

\_\_\_\_\_ lbs. tons

5. Provide the name of the state(s) where biomedical waste was collected for treatment in Florida: \_\_\_\_\_

6. Certification:

To the best of my knowledge and belief, I certify the information I have provided is true and accurate.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Name of Authorized Representative (print or type)

\_\_\_\_\_  
Date