



health care or in research which have come in contact with infectious agents (e.g., glass or rigid plastic culture tubes, flasks, beakers, lancets, etc.) must also be considered as sharps and be disposed accordingly.

Sharps that are generated as a result of household use (household medical waste) are excluded from the definition of RMW, as stated in clause 360-17.2(h)(2)(i)(b). Sharps that have been both treated and destroyed are not RMW, but are considered a commercial/industrial solid waste, as specified by clause 360-17.2(h)(2)(i)(d). Sharps generated as a result of household use and sharps that have been both treated and destroyed do not require transport by a hauler regulated by a 6 NYCRR Part 364 Waste Transporter Permit (Part 364).

**B. Treatment of Sharps**

Sharps, other than those generated as a result of household use, must be properly treated and destroyed before disposal. Methods of treatment include incineration, autoclaving, or any other New York State Department of Health (NYSDOH) approved method. A list of approved alternative treatment methods may be obtained from the NYSDOH, Director of Regulated Medical Waste Program, Wadsworth Center, Empire State Plaza, Albany, New York 12201-0509, telephone 518-486-6885. RMW treatment aims to substantially reduce or eliminate the potential for causing disease. It does not, however, qualify as destruction (except for incineration which is both).

**C. Destruction of Sharps**

After sharps have been properly treated at a Department or NYSDOH-approved facility, all sharps, other than those generated as a result of household use, must be destroyed prior to disposal at an authorized facility. Pursuant to subdivision 360-17.2(e), RMW that is destroyed must be rendered generally unrecognizable as medical waste. The term “Destroyed RMW”, as defined in subdivision 360-17.2(e), *“means RMW that has been ruined, torn apart, or mutilated through processes such as thermal treatment, melting, shredding, grinding, tearing, or breaking, so that it is no longer generally recognizable as RMW. It does not mean compaction.”* Generally, “unrecognizable” means destroyed with the intent to render the RMW material unusable and not recognizable as RMW (e.g., 100 percent of sharps must be rendered unrecognizable as intact sharps devices).

**D. Transport and Disposal**

Generators of RMW must comply with the requirements of subdivisions 364.9(d) and (e) prior to shipping the waste off-site. Those generators storing RMW on-site prior to treatment or destruction must specifically comply with paragraph 364.9(d)(3). Additionally, generators who treat and destroy RMW on-site by a method or process, other than incineration, must comply with the record keeping requirements of subparagraph 364.9(e)(5)(ii). Generators who treat or dispose of RMW on-site may be subject to additional federal, State or local laws and regulations.

The transportation of RMW is subject to Section 364.9 as well. Transporters, intermediate handlers (i.e., treatment and destruction facilities) and destination facilities must comply with the applicable requirements in subdivision 364.9(f), (g) or (h).

Once RMW sharps have been properly treated and destroyed, they may be disposed of in a Department-authorized solid waste management facility (i.e., a solid waste incinerator or landfill). However, a Regulated Medical Waste Treatment Certification form as developed by the NYSDOH, must accompany the treated and destroyed RMW to the authorized solid waste management facility. The transportation of such treated material does not require a Part 364 permit, and tracking by manifest is not required.

A regulated medical waste treatment certification form is not required to accompany ash residue generated in an incineration process.

**TAGM: SW-97-10 – Disposal of Regulated Medical Waste Sharps**

<b>ITEMS 1-9 TO BE COMPLETED BY TREATMENT FACILITY SEE REVERSE SIDE FOR INSTRUCTIONS</b>	
1. Facility Name _____ Address _____ _____ _____	2. DOH Laboratory PFI No.: _____ DOH Health Care Facility PFI No.: _____  DEC State Permit No.: _____
3. County _____  4. Phone #:( ) _____ Fax # ( ) _____	5. Contact Person _____
<b>REGULATED MEDICAL WASTE INFORMATION</b>	
6. Weight (In pounds ) _____ and Date Treated ___/___/___	
7. Description of Contents of Regulated Medical Waste Shipment Check applicable category(ies):  9 Unrecognizable Sharps 9 Unrecognizable Sharps and Non-Sharps 9 Non Sharps 9 Other (Describe) _____	
8. Method of Treatment: 9 Incinerated 9 Autoclaved 9 Alternative Technology System Name of System _____ Model Number _____ Manufacturer of System _____	
9. Under penalty of criminal and civil prosecution for making or submitting false statements or representations, I swear or affirm that the statements herein _____ accurately describe the regulated medical waste to which this certificate relates and that the treatment is in accordance with the requirements as set forth in Part 70 of 10NYCRR.  _____ Date ___/___/___ Name of authorized individual of facility (print or type) _____ Signature of authorized Individual of facility _____	
<b>ITEMS 10-12 TO BE COMPLETED BY TRANSPORTER</b>	
10. Name, Address and Telephone Number of Transporter: Name _____  Address _____ _____ Telephone #:( ) _____	11. Name and Complete Address of Disposal Facility:  Name _____  Address _____ _____ _____
12. Name, Title and Telephone Number of Disposal Facility Contact Person: <b>THIS FORM SHOULD ACCOMPY ALL TREATED REGULATED MEDICAL WASTE TO THE FINAL DISPOSAL SITE.</b>  Name _____ Title _____ Telephone ( ) _____	
<b>It is recommended that generators maintain copies of this form for two years</b>	

**INSTRUCTIONS FOR FILLING OUT THE CERTIFICATION FORM BY ITEM NUMBER**

1. Facility's complete legal name and address.
2. New York State Department of Environmental Conservation (DEC) Permit to Operate number or New York State Department of Health (DOH) laboratory or health care facility Permanent Facility Identification (PFI) number.
3. County in which the treatment took place.
4. Telephone number and facsimile (fax) transmission number of the contact person listed in Item Number 5.
5. Contact person's full name and title. This person is responsible for all activities related to the management of regulated medical waste at the facility governed by the regulations.
6. Total weight in pounds of treated regulated medical which is being accompanied by this form to an authorized disposal facility. Also, for waste contained in the shipment list the date or range of dates on which waste was treated and/or rendered unrecognizable.
7. Describe contents of waste shipment by checking appropriate category(ies).
8. Describe the method of treatment of regulated medical waste by checking the appropriate boxes. If treatment is by an alternative technology, list the name, model number and manufacturer of the system.
9. An authorized individual of the treatment facility must sign and date the form.
10. Complete name, address and telephone number of the transporter of regulated medical waste from the treatment facility.
11. Complete legal name and address of disposal facility receiving the waste.
12. Complete legal name, title and telephone number of the authorized disposal facility contact person.