

The following contains one copy of form 2540-FM-BWM0240 – Regulated Medical and Chemotherapeutic Waste Shipping Paper or Log.

The second page contains the marginal strip words for use by the printer in the creation of the snapout sets of this form. Your printer will know how to handle this type of form.

1. Generator's Name and Mailing Address																					
2. Generator's Phone Number (       )       -												3. Page 1 of _____									
4. Transporter 1 Company Name								5. US EPA ID Number													
6. State Trans. ID <b>PA-HC:</b>													7. Transporter's Phone (       )       -								
8. Transporter 2 Company Name								9. US EPA ID Number													
10. State Trans. ID <b>PA-HC:</b>													11. Transporter's Phone (       )       -								
12. Designated Facility Name and Site Address:								13. State Permit or US EPA ID Number													
15. Alternate Facility Name and Site Address or Transporter 3 Company Name:								14. Facility's Phone (       )       -													
								16. State Permit or US EPA ID Number													
18. Phone (       )       -																					
17. State Trans. ID <b>PA-HC:</b>																					
19. US DOT Description (Including Proper Shipping Name, Hazard Class/Division, ID Number)						20. Containers				21. Total Quantity				22. Unit Wt/Vol		23. Waste No.					
						No.		Type													
a.																					
b.																					
c.																					
d.																					
24. Special Handling Instructions and Additional Information																					
25. <b>Generator's Certification:</b> Under penalty of criminal or civil sanctions for the making or submission of false statements, misrepresentations, or omissions, I declare, that the contents of this consignment are fully and accurately described above and are classified, packaged, marked, and labeled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized to make such declarations.																					
Printed/Typed Name								Signature								Month		Day		Year	
26. <b>TRANSPORTER 1 ACKNOWLEDGMENT OF RECEIPT OF MATERIALS</b>																					
Printed/Typed Name								Signature								Month		Day		Year	
27. <b>TRANSPORTER 2 ACKNOWLEDGMENT OF RECEIPT OF MATERIALS</b>																					
Printed/Typed Name								Signature								Month		Day		Year	
28. <b>TRANSPORTER 3 ACKNOWLEDGMENT OF RECEIPT OF MATERIALS</b>																					
Printed/Typed Name								Signature								Month		Day		Year	
29. Discrepancy Indication Space																					
30. <b>Facility Owner or Operator:</b> Certification of receipt of materials covered by this manifest except as noted in item 29.																					
Printed/Typed Name								Signature								Month		Day		Year	

**Copy 1**     ***TSD Facility: Mail to Generator***

**Copy 2**     ***TSD Facility: Retain This Copy***

**Copy 3**     ***Final Transporter: Retain This Copy***

**Copy 3 A**   ***Initial Transporter: Retain This Copy***

**Copy 3 B**   ***Second Transporter: Retain This Copy***

**Copy 4**     ***Generator: Retain this Copy***



## INSTRUCTIONS FOR COMPLETING FORM 2500-FM-BWM0240

- Item 1. Generator's Name and Mailing Address - Enter the complete name of the generator and the complete mailing address. The address should be the location that will manage the returned shipping log.
- Item 2. Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 3. Page 1 of \_\_\_\_ - Enter the total number of pages used to complete this shipping log including the first page plus the number of Continuation Sheets, if any.
- Item 4. Transporter 1 Company Name - Enter the company name of the first transporter who will transport the waste.
- Item 5. US EPA ID Number - Enter the twelve digit US EPA Identification Number of the transporter identified in item 4.
- Item 6. State Trans. ID - Enter the Regulated Medical and Chemotherapeutic Waste Transporter License No. issued by PA DEP.
- Item 7. Transporter's Phone - Enter the area code and telephone number where an authorized agent of the transporter may be contacted.
- Item 8. Transporter 2 Company Name - if applicable, see Item 4.
- Item 9. US EPA ID Number - If applicable, see item 5.
- Item 10. State Trans. ID - If applicable, see Item 7.
- Item 11. Transporter's Phone - If applicable, see Item 7.
- Item 12. Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on the shipping log. The address must be the site address, which may be different from the mailing address.
- Item 13. State Permit or US EPA ID Number - Enter the State Permit Number that has been assigned to the facility by the Department or the US EPA ID Number of the site.
- Item 14. Facility's Phone - Enter the area code and the phone number where an authorized agent of the Designated Facility may be contacted.
- Items 15-18. Alternate Facility or Transporter 3 - If designating an Alternate Facility see Items 12-14. If designating Transporter 3 see Items 4-7. (Note: If designating an Alternate Facility and Transporter 3, enter the Alternate Facility information in Items 15, 16 and 18 and Transporter 3 information in Item 24.)
- Item 19. US DOT Description - Enter the Proper Shipping Name, hazard class or division and Identification Number if the Waste is an Infectious Substance as defined in §173.134 of 49 CFR of the regulations of the U.S. Department of Transportation. Otherwise, enter a description of the waste.
- Item 20. Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table 1 (below) for the type of container.

### TABLE I – TYPE OF CONTAINERS

DM = Metal drums, barrels, kegs	BA = Burlap, cloth paper or plastic bags
DW = Wooden drums, barrels, kegs	DT = Dump Truck
DF = Fiberboard or plastic drums	CY = Cylinders
TP = Tanks portable	CM = Metal boxes, barrels, kegs Cartons, cases, (including roll offs)
CW = Wooden boxes, carton, cases	CF = Fiber or plastic boxes, cartons, cases

- Item 21. Total Quantity – Enter the total quantity of each waste entered (Do not use decimals or fractions).
- Item 22. Unit (Wt/Vol) – Enter the appropriate abbreviation from Table II (below) for the unit of measure.

## TABLE II – UNITS OF MEASURE

G = Gallons (liquids only)	L = Liters (liquids only)
P = Pounds	K = Kilograms
T = Tons (2000 lbs)	M = Metric tons (1000 kg)
Y = Cubic yards	N = Cubic meters

Item 23. Waste No. – Enter the Regulated Medical and Chemotherapeutic Waste No. of the waste or wastes. Refer to Table III (below). If the waste is not regulated in PA but regulated in another State, enter the State's waste code. Also, enter in Item 24 "This waste is not a PA Regulated Medical or Chemotherapeutic Waste".

## TABLE III – WASTE NUMBERS

A100 – REGULATED MEDICAL WASTE

A200 - PROCESSED REGULATED MEDICAL WASTE THAT IS RECOGNIZABLE

A300 – CHEMOTHERAPEUTIC WASTE

Item 24. Special Handling Instructions and Additional Information – Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State). Transporter 3 information is also entered in this Item if an Alternate Facility is designated.

Item 25. Generator's Certification – Read and sign by hand the certification statement. Enter the date (MM/DD/YY) the waste was shipped.

Item 26. Transporter 1 Acknowledgement of Receipt of Materials – Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt (MM/DD/YY).

Item 27. Transporter 2 Acknowledgement of Receipt – If applicable see Item 26.

Item 28. Transporter 3 Acknowledgement of Receipt – If applicable see Item 26.

Item 29. Discrepancy Indication Space – The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste on the shipping log and the waste actually received.

Item 30. Facility Owner or Operator Certification of receipt of regulated medical or chemotherapeutic waste covered by this shipping log except as noted in Item 29 – Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. Sign and enter the date of receipt (MM/DD/YY).

NOTE: If the Alternate Facility receives the waste shipment and signs in Item 30, it should be noted in Item 29 that the signature is that of the Alternate Facility.