




GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216		Tracking ID #: 2344646 Customer ID #: 3322557002 Telephone #: (904) 685-6516 State ID #:		 Emergency Spill Response: CHEMTREC (1-800-424-9300) CCN 851124	
	Description of Waste UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II		Quantity	Weight (lbs) or Volume (gal)	Transfer	
	23gal BIO Corrugated Box		1	9	23	Yes
GENERATOR	Generator's Certification This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.					
	Print Name: Brad Byrd		Signature: 		Date: Dec 6, 2023	
TRANSPORTER	Collection Transporter: Trilogy MedWaste SE- Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672		Telephone #: (888) 763-3927 State Permit #: FDOH # 7817 Transport Date: Dec 6, 2023 Print Name: James Mathis Signature: 		Transporter's 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 applicable State and Federal Regulations.	
	Transporter #1 - Name and Address:		Transporter #2 - Name and Address:		Transporter #3 - Name and Address:	
	Telephone #: State Permit #: Transport Date: Print Name: Signature:		Telephone #: State Permit #: Transport Date: Print Name: Signature:		Telephone #: State Permit #: Transport Date: Print Name: Signature:	
TRANSFER	Transfer Station #1 - Name and Address:		Transfer Station #2 - Name and Address:		Transfer Station #3 - Name and Address:	
	Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:		Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:		Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:	
DESTINATION	Destination Facility #1 - Name and Address:		Destination Facility #2 - Name and Address:		Destination Facility #3 - Name and Address:	
	Telephone #: State Permit ID #: Consolidation Tracking ID#:		Telephone #: State Permit ID #: Consolidation Tracking ID#:		Telephone #: State Permit ID #: Consolidation Tracking ID#:	
	Certification of Receipt Print Name: Date: Signature:		Certification of Receipt Print Name: Date: Signature:		Certification of Receipt Print Name: Date: Signature:	
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.					
	Certification of Destruction Print Name: Date: Signature:		Certification of Destruction Print Name: Date: Signature:		Certification of Destruction Print Name : Date: Signature:	
	On behalf of the treatment facility, this is to certify that all medical wastes have been treated in accordance with all applicable regulations.					
Discrepancy:						



REGULATED MEDICAL WASTE
TRACKING AND SHIPPING DOCUMENT



Manifest ID # 4684

Date 2023-12-12

Generator Service Name and Address

Telephone # (888) 763-3927

Customer ID # 458013

Trilogy MedWaste SE-Jacksonville
5502 Shawland Rd
Jacksonville, FL 32254-1672

55-64-1866220

Description of Waste

UN 3291 Regulated Medical Waste, n.o.s., 6.2, pg II

Quantity

Weight or Volume
(lbs) (gal)

Transfer

Count	Material Type	Net Weight	Gross Weight
7	Pathological Waste	96	96
3	Trace/Chemo Waste	22	26
313	Regulated Medical Waste	7851	13123
73	Sharps Waste	1111	1519

All waste treated at Destination Facility unless marked as Alt. Destination above.

Generator's Certification: This is to certify that the above materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Jonathan McCrinmon

Print / Typed Name

JONATHAN McCrinmon

Signature

12-12-23

Date

Transporter Name and Address

State Permit ID # FDOH 7817

Telephone # (888) 763-3927

Trilogy MedWaste SE- Orlando
10805 Southport Dr
Orlando, FL 32824-7070

Transporter 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 applicable State and Federal Regulations.

Daniel Marte

Print / Typed Name

[Signature]

Signature

12/12/23

Date

Transfer Facility Name and Address

State Permit ID #

Telephone #

Jonathan McCrinmon

Print / Typed Name

JONATHAN McCrinmon

Signature

12-12-23

Date Received

Destination Facility
Trilogy MedWaste SE- Orlando
10805 Southport Dr
Orlando, FL 32824-7070

State Permit ID #
48-64-1947534

Telephone #
(888) 763-3927

Alternate Destination Facility

State Permit ID #

Telephone #

Consolidated Tracking ID #

Certificate of Destruction

Date 12/12/23

Print / Typed Name

Ruth Myers

Signature

Certificate of Destruction

Date

Print / Typed Name

Signature

Discrepancy

Emergency Spill Response:

REV. 08212020