

MEDICAL WASTETRACKING & SHIPPING DOCUMENT

East Coast Worldwide 8833 Perimeter Park Blvd Ste 501

Jacksonville, FL 32216

Tracking ID #: 2929622 Customer ID #: 3322557002 Telephone #: (904) 685-6516



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)

23gal BIO Corrugated Box

23 Yes

Transfer

Generator's Certification

GENERATOR

TRANSPORTER

RANSFER

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:

Signature:

Transporter #2 - Name and Address:

Transfer Station #2 - Name and Address:

State ID #:

Print Name:

Julian Kellev

Signature:

Date: Nov 6, 2024 Transporter's Certification:

I certify, under penalty of criminal and/or civil prosecution for

making or submission of false statements, representations, or

Collection Transporter:

Trilogy MedWaste SE- Jacksonville

5502 Shawland Rd

Jacksonville, FL 32254-1672

(888) 763-3927 Telephone # State Permit # : FDOH # 7817 Transport Date: Nov 6, 2024

James Mathis

omissions that I have read, understood, and will comply with the applicable State and Federal Regulations.

Transporter #1 - Name and Address:

Trilogy MedWaste SE- Orlando 10805 Southport Dr

Orlando, FL 32824-7070

Telephone #: State Permit #: Transport Date:

Print Name: Signature: 2 (888) 763-3927 FDOH 7817 Nov 8, 2024 Wilson Esteves

Telephone #: State Permit #: Transport Date: Print Name:

Signature:

Transporter #3 - Name and Address:

Telephone #: State Permit #: Transport Date: Print Name:

Telephone #:

State Permit ID #:

Signature:

Transfer Station #1 - Name and Address:

Trilogy MedWaste SE-Jacksonville

5502 Shawland Rd

Jacksonville, FL 32254-1672

Telephone #: State Permit ID #: Received Date:

Consolidation Tracking ID#:

Transfer Date: Destination Facility #1 - Name and Address:

55-64-1866220 Nov 8, 2024 6758 Nov 8 2024

(888) 763-3927

Telephone #: State Permit ID #: Received Date:

Consolidation Tracking ID#:

Transfer Date

Received Date: Consolidation Tracking: ID#: Transfer Date:

Destination Facility #2 - Name and Address:

Destination Facility #3 - Name and Address:

Certification of Receipt

Transfer Station #3 - Name and Address:

Trilogy MedWaste SE- Orlando 10805 Southport Dr

Orlando, FL 32824-7070

Print Name: Wilson Esteves

(888) 763-3927 Telephone #: State Permit ID #: 48-64-1947534

Consolidation Tracking ID#: 6758

Nov 8, 2024

Telephone #: Telephone #: State Permit ID #: State Permit ID #:

Consolidation Tracking ID#:

Consolidation Tracking ID#:

Signature:

Certification of Receipt

Print Name: Date:

Signature:

Certification of Receipt Print Name: Date:

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 Certification of Destruction Certification of Destruction Print Name: Wilson Esteves Print Name: Print Name: Nov 8, 2024 Date: Date: Date: Signature: Signature: Signature: On behalf of the treatment tacility, this is to certify that all medical wastes have been treated in accordance with all applicable regulations.

Discrepancy:

Date:

Signature:

V6R1-CORE-0623





REGULATED MEDICAL WASTE TRACKING AND SHIPPING DOCUMENT

Manifest ID # 6758

Date 2024-11-08

Generator Service Name and Address

Telephone # (888) 763-3927

Customer ID # 458013

Trilogy MedWaste SE-Jacksonville 5502 Shawland Rd

	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Description	of Waste Quantity	Weight or '	Volume (gal) Transfer	
UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II			Net Weigh		Gross Weight	
Count	Material Type				5	
1	Trace/Chemo Waste			5	82	
7	Pathological Waste			2		
242	Regulated Medical Wa	aste	549	9	8655	
44	Sharps Waste		43	9	702	
			ř .			
	All was	ste treated at Destination Fa	cility unless marked as Alt. Destination	n above.		
Generato for transporta	or's Certification: This is to	o certify that the above materials a	are properly classified, described, packaged ransportation.	, marked and labeled	d, and are In proper condition	
Jonathan Mccrimmon			Qonathan Mccrimmon		11-8-24	
		Signature		Date		
Trilogy Me	ter Name and Address dWaste SE- Orlando	0	mit ID# FDOH 7817		# (888) 763-3927	
Transport Trilogy Me 10805 Sou Orlando, F Transpor that I have re	ter Name and Address dWaste SE- Orlando uthport Dr L 32824-7070 rter Certification: I certify ad, understood, and will comply w	State Per	civil prosecution for making or subshipsion rail regulations.	Telephone		
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Emergency Spill Response:

REV. 08212020