







GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216		Tracking ID #: 2929622 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	6 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: Julian Kelley		Signature: 		Date: Nov 6, 2024	
TRANSPORTER	Collection Transporter: Trilogy MedWaste SE- Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672		Telephone #: (888) 763-3927 State Permit #: FDOH # 7817 Transport Date: Nov 6, 2024 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: Trilogy MedWaste SE- Orlando 10805 Southport Dr Orlando, FL 32824-7070 Telephone #: (888) 763-3927 State Permit #: FDOH 7817 Transport Date: Nov 8, 2024 Print Name: Wilson Esteves Signature: 		Transporter #2 - Name and Address: Telephone #: State Permit #: Transport Date: Print Name: Signature:		Transporter #3 - Name and Address: Telephone #: State Permit #: Transport Date: Print Name: Signature:	
TRANSFER	Transfer Station #1 - Name and Address: Trilogy MedWaste SE-Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672 Telephone #: (888) 763-3927 State Permit ID #: 55-64-1866220 Received Date: Nov 8, 2024 Consolidation Tracking ID#: 6758 Transfer Date: Nov 8, 2024		Transfer Station #2 - Name and Address: Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:		Transfer Station #3 - Name and Address: Telephone #: State Permit ID #: Received Date: Consolidation Tracking ID#: Transfer Date:	
	Destination Facility #1 - Name and Address: Trilogy MedWaste SE- Orlando 10805 Southport Dr Orlando, FL 32824-7070 Telephone #: (888) 763-3927 State Permit ID #: 48-64-1947534 Consolidation Tracking ID#: 6758		Destination Facility #2 - Name and Address: Telephone #: State Permit ID #: Consolidation Tracking ID#:		Destination Facility #3 - Name and Address: Telephone #: State Permit ID #: Consolidation Tracking ID#:	
DESTINATION	Certification of Receipt Print Name: Wilson Esteves Date: Nov 8, 2024 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: Wilson Esteves Date: Nov 8, 2024 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.						



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
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

1

Trace/Chemo Waste

5

5

7

Pathological Waste

82

82

242

Regulated Medical Waste

5499

8655

44

Sharps Waste

439

702

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 Mccrimmon

Print / Typed Name

Jonathan Mccrimmon
Signature

11-8-24

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.

Michael Myrongs
Print / Typed Name

Signature

Jonathan Mccrimmon
Signature

Date

11/8/24

Transfer Facility Name and Address

State Permit ID #

Telephone #

Jonathan Mccrimmon

Print / Typed Name

Jonathan Mccrimmon
Signature

11-8-24

Date Received

Destination Facility

State Permit ID #

Alternate Destination Facility

State Permit ID #

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

48-64-1947534

Telephone #

(888) 763-3927

Telephone #

Consolidated Tracking ID #

Certificate of Destruction

Date 11-8-24

Print / Typed Name

Ruth Myers
Signature

Certificate of Destruction

Date

Print / Typed Name

Signature

Discrepancy

Emergency Spill Response:

REV. 08212020