MEDICAL WASTE TRACKING & SHIPPING DOCUMENT

GENERATOR

East Coast Worldwide
8833 Perimeter Park Blvd
Ste 501
Jacksonville , FL 32216

Tracking ID #: 3088799
Customer ID #: 3322557002
Telephone #: (904) 685-6516
State ID #:

Emergency Spill Response:
CHEMTREC (1-800-424-9300)
CCN 851124

Description of Waste	Quantity	Weight (lbs) or Volume (gal)		Transfer
UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II				
23gal BIO Corrugated Box	1	27	23	Yes

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: James Coleman Signature: Date: Apr 2, 2025

TRANSPORTER

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

Telephone # : (888) 763-3927
State Permit # : FDOH # 7817
Transport Date: Apr 2, 2025
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: Apr 7, 2025
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: Apr 7, 2025
Consolidation Tracking ID#: 7536
Transfer Date: Apr 7, 2025

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

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#: 7536

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#:

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: