

GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216	Tracking ID #: 3491521 Customer ID #: 3322557002 Telephone #: (904) 685-6516 State ID #:	 Emergency Spill Response: CHEMTREC (1-800-424-9300) CCN 851124
	Description of Waste <b>UN 3291 Regulated Medical Waste, n.o.s.,6.2, pg II</b> 23gal BIO Corrugated Box	Quantity 1 Weight (lbs) or Volume (gal) 27 Transfer 23 Yes	
TRANSPORTER	Generator's Certification  Print Name: James Coleman	<p>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.</p> <p>Signature: </p>	
	Collection Transporter: Trilogy MedWaste SE- Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672	Telephone # : (888) 763-3927 State Permit # : FDOH # 7817 Transport Date: Dec 3, 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.
TRANSFER	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: Dec 11, 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 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: Dec 10, 2025 Consolidation Tracking ID#: 8796 Transfer Date: Dec 11, 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#: 8796 Signature: 	Destination Facility #2 - Name and Address:  Telephone #: State Permit ID #: Consolidation Tracking ID#: Signature:	Destination Facility #3 - Name and Address:  Telephone #: State Permit ID #: Consolidation Tracking ID#: Signature:
	<b>Certification of Receipt</b> Print Name: Wilson Esteves Date: Dec 10, 2025 Signature: 	<b>Certification of Receipt</b> Print Name: Date: Signature:	<b>Certification of Receipt</b> Print Name: Date: Signature:
<p>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.</p> <p><b>Certification of Destruction</b> Print Name: Wilson Esteves Date: Dec 10, 2025 Signature: </p> <p>On behalf of the treatment facility, this is to certify that all medical wastes have been treated in accordance with all applicable regulations.</p>			



**REGULATED MEDICAL WASTE  
TRACKING AND SHIPPING DOCUMENT**



Manifest ID # 8796

Date 2025-12-10

## 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

2 Pathological Waste

85

169

10 Trace/Chemo Waste

241

241

240 Regulated Medical Waste

5273

8609

82 Sharps Waste

969

1307

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.

Steven Frye

Signature

12/10/2025

Print / Typed Name

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 Desmarais

Signature

12-10-25

Print / Typed Name

Signature

Date

Transfer Facility Name and Address

State Permit ID #

Telephone #

Print / Typed Name

Signature

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

12/10/25

Ruth Myers

Certificate of Destruction

Date

Print / Typed Name

Signature

Print / Typed Name

Signature

Discrepancy

Emergency Spill Response:

REV. 08212020