

GENERATOR	East Coast Worldwide 8833 Perimeter Park Blvd Ste 501 Jacksonville , FL 32216		Tracking ID #: 3578042 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	10	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: Jesse Pines		Signature:			Date: Jan 28, 2026				
TRANSPORTER	Collection Transporter: Trilogy MedWaste SE- Jacksonville 5502 Shawland Rd Jacksonville, FL 32254-1672		Telephone #: (888) 763-3927 State Permit #: FDOH # 7817 Transport Date: Jan 28, 2026 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: Feb 5, 2026 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: Feb 4, 2026 Consolidation Tracking ID#: 9059 Transfer Date: Feb 5, 2026		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#: 9059		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		Certification of Receipt		Certification of Receipt				
	Print Name: Wilson Esteves Date: Feb 4, 2026 Signature:		Print Name: _____ Date: _____ Signature: _____		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		Certification of Destruction		Certification of Destruction				
Print Name: Wilson Esteves Date: Feb 4, 2026 Signature:		Print Name: _____ Date: _____ Signature: _____		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 # 9059

Date 2026-02-04

GENERATOR	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
		Net Weight	Gross Weight	
Count	Material Type			
18	Trace/Chemo Waste	430	472	
5	Pathological Waste	230	440	
269	Regulated Medical Waste	6562	10400	
89	Sharps Waste	852	1334	
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				2-4-26
Print / Typed Name		Signature		Date
TRANSFER / TRANSPORTATION	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.				
Tom B. Birm				2/4/26
Print / Typed Name		Signature		Date
Transfer Facility Name and Address		State Permit ID #	Telephone #	
Print / Typed Name		Signature	Date Received	
DESTINATION	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 #		Telephone #
		(888) 763-3927	Consolidated Tracking ID #	
Certificate of Destruction		Certificate of Destruction		
Date <u>2/4/26</u>		Date		
Print / Typed Name		Signature		
Discrepancy				

Emergency Spill Response:

REV. 08212020